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Report of Medical Diseases treated at the Kent and Canterbury Hospital, from January to July, 1824. By H. W. CARTER, M. D. &c.

(From the London Medical Repository.)

THE present year has been signalised by the prevalence of small-pox in Canterbury and its neighbourhood ; and, as several cases have occurred in the hospital, I presume that the remarks I am about to offer upon the disease, as it has appeared amongst us, may not be deemed an improper preface to the report which is to follow. Towards the close of 1818, and early in the following year, small-pox was frequent both in the city and villages adjacent, and five patients of the hospital were attacked by it. I transmitted their cases to the Board of the National Vaccine Establishment ; and it was my intention to have forwarded to the Board such further examples of the disease as I might meet with, or such ulterior information respecting it as I might be able to collect. It soon, however, subsided at that time, and we heard scarcely any thing more about it till towards the commencement of the present year. From what quarter it was then introduced I am not prepared to state with any degree of confidence ; but it has been reported that the first case, one of inoculated small-pox, occurred in a crowded suburb, inhabited chiefly by persons of the lowest order. Being once introduced, the disease spread rapidly and widely ; for both small-pox inoculation and vaccination had for some time been neglected.

as always happens when the danger is far off.* Many children were seized with small-pox before they could be vaccinated; and many, whose parents were obstinately prejudiced against vaccination, were suffered to take their chance, or were purposely exposed to the infection, or were inoculated. The most zealous inoculators were females—often the parents themselves—frequently officious friends who infested their neighbours' houses vehemently declaiming against vaccination, and spreading the variolous disease. The cases which came to light of small-pox after vaccination were unfortunately numerous: some, it must be confessed, were exceedingly severe; others were exaggerated. These instances of failure naturally fortified the prejudices of many parents against vaccination, and furnished the female inoculators with a fine opportunity for recommending their pernicious practice; but, previously to their having obtained the advantage which the acknowledged failures of vaccination, as a complete protection against small-pox, gave them, they had, I believe, inoculated numerous children; and I am fully persuaded that, had not a single instance of small-pox after the vaccine disease been so much as suspected, they would still have been zealous in the propagation of the former, and for no better reason than because vaccination was countenanced by medical men, and by a great majority of their superiors.

The alarm of small-pox soon arrived at that pitch, that, in spite of clamour, many sought for the protection which vaccination offered, and in less than three weeks more children were vaccinated at the hospital than had been in the whole three years preceding;† and the total number vaccinated in the last six months amounts to 588 persons, being within 56 of the number vaccinated in the five years before. Added to these, I have

* Some notion may be formed of the supineness of the common people, under ordinary circumstances, from the subjoined statement of the numbers vaccinated gratis at the hospital from the year 1818 inclusive to the commencement of the late epidemic, for so it may, with truth, be called:

In 1818, were vaccinated,	52
1819, { years when the alarm of small-pox }	249
1820, { prevailed,	263
1821,	47
1822,	35
1823,	50

† The total amount of vaccinations at the hospital, during the years 1821-2-3, was 132. See preceding note.

February 25th, 1824, vaccinations were	36
March 3d	72
March 10th	40
Total	148

an account of 250 persons vaccinated at the dispensary, and many more were done by the Surgeon of the work-house and other Practitioners; still, however, numerous individuals remained liable to the infection of small pox. That disease continued to prevail throughout the winter and spring in those quarters where the poor constitute the mass of the population. Fatal cases were by no means rare. Some I witnessed, and of more I had distinct information. I frequently saw children exposed in the streets with small-pox upon them, and I knew that remonstrance had occasionally been productive only of insolence from the parents. I therefore addressed a letter, through the medium of the *Kentish Gazette*, to the Mayor of Canterbury, in which I particularly solicited his attention to the exposure of persons labouring under small-pox, and to the practice of inoculation by individuals not of the medical profession. I afterwards, in person, suggested to the magistrates, that the publication of a caution against the exposure complained of might be very useful; and that, while there existed no law to prevent non-professional persons from inoculating whom they chose, yet such persons, if warned, as was done at Norwich in 1819,* might be induced to desist from their pernicious practice. I also suggested the expediency of ascertaining the numbers still liable to the small-pox, and of inviting parents, as was also done at Norwich, to bring their children to some regular Practitioner to be vaccinated. What I presumed, however, to advise, was not approved of;† and small-pox is to this hour not extinct in the city.

Had the measures which were resorted to at Norwich, in 1819, for the purpose of arresting the progress of the variolous epidemic then prevailing at that place, been acted upon here, much evil might, I think, have been prevented at the time; and were vaccination to be zealously and steadily encouraged by exhortation and the promise of reward, we should, doubtless, be less likely in future to see small-pox spread to the extent it has lately spread in Canterbury. Still, however, we should not be by any means secure against the future invasions of that disease, for there are some individuals among the higher order

* "A druggist, and an old woman or two," says Mr. Cross, in his *History of the Variolous Epidemic* which occurred at Norwich, in 1819, "who disseminated the disease by inoculation, were brought before the Mayor, and cautioned to discontinue their practices, lest they should lay themselves open to a prosecution by a public injury being traced to them."

† I understand that at Dover a caution against the exposure of persons affected with small-pox was published after the letter to which I have alluded appeared.

who are inimical to vaccination ; and there are many among the inferior rank whom not even the prospect of reward can induce to bring their children to be vaccinated, especially in years when small-pox does not prevail. Many are inveterately prejudiced against the vaccine disease, and many are immovable till danger stares them in the face. We shall continually be liable to variolous epidemics till the legislature take up the subject. It may be very difficult, or it may be even impossible, to prevent inoculation altogether ; but surely it cannot be very difficult to preclude non-professional persons from inoculating. Were the practice by ignorant females and others put an end to by law, professional men would inoculate more rarely—their patients would be properly treated during the disease, and a register of them might be kept. At present it is almost impossible to ascertain who have been inoculated ; and the patients of these pretenders are either left to themselves, or are treated after the method adopted by a careful mother in this neighbourhood, who, having inoculated her children, observed, with the utmost self-complacency, that “ she had taken the most effectual measures to insure their doing well, for that she kept them nice and warm, and gave them plenty of brandy !”

Having first taken the practice of inoculation out of the hands of the ignorant, the next step should be that of effectually cutting off the communication of persons labouring under small-pox with the rest of the population, either by compelling them to keep entirely within their own doors, or (which would be better) by placing them, as used to be done, in a small-pox hospital at a little distance from the town of which they are inhabitants.

Would not a law to this effect operate more decidedly than all the exhortations and rewards in the world, in favour of vaccination ?

The question regarding vaccination is not one of indifference. The Jennerian discovery is either worse than useless, or highly advantageous to the world—it should either be totally rejected, or be encouraged to the utmost. Now, that vaccination, as it stands at the present day, is of great advantage to society, the official reports which periodically emanate from the highest professional authority in this country assure us. The writings of many intelligent and experienced Practitioners speak the same language ; and the encouragement which it continues to receive from the governments of foreign countries sufficiently proves that they still regard it as a most valuable gift.

It is high time then for the legislature of this kingdom—the very cradle of vaccination—to interpose in its favour. Much

might be done towards securing its more general and steady adoption, and the checking of small-pox inoculation, without in any degree infringing upon the just liberty of the subject. That such interference would excite clamour is very probable, but it little becomes the legislature of a great empire to suffer itself to be deterred by the clamours of ignorance and prejudice, from fearlessly upholding what is beneficial to the community, and what we now lie under the opprobrium of neglecting; while other nations, who received it at our hands, acknowledge it as a blessing, and cherish it as it deserves.

No. I.

I have already stated that cases of small-pox after vaccination have been frequent in the present year. Two out of the four cases which occurred in patients of mine were of this description. The first was that of Miriam Collyer, aged twenty-two, who was admitted March 5th for complaints which it is not necessary to specify in this place. She had been vaccinated at the hospital when quite an infant. On the 26th of March an eruption made its appearance, which proved to be small-pox. There were several pustules upon her arms, and a few upon the trunk of the body. There was little, if any constitutional derangement, and by April 2d the eruption had disappeared altogether.

The next instance occurred in the person of Mary Clayson, one of the hospital servants, who was vaccinated nineteen years ago by a lady, and was supposed to have gone through the disease properly. On the 23d of April she was attacked by head-ach, rigors, and other symptoms of fever; and on the following day, a very slight eruption, resembling small-pox, was observed. The pocks, however, died away without suppurating, and by the end of the month the patient was quite well. No medicine was given, excepting a purgative, and afterwards a saline mixture.

The third case of small-pox which I am to notice was that of Ann Mitchel, aged eight years, a very puny child from her birth. Last year she was an out-patient for typhoid fever, but got pretty well, and was discharged. In April she was again made out-patient. The symptoms were then similar to what they had been before. There were extreme prostration of strength, tremor, frequent feeble pulse, brown tongue, &c. &c. Under the use of cordial medicines and Port wine she once more improved; but at about the beginning of May the mother brought her to my house, and shewed me an eruption which had just appeared upon her, and which, without hesitation, I pronounced to be small-pox, to the surprise of the woman, who maintained

that I must be mistaken, for that her daughter had passed through that disease several years before. Upon my questioning her more minutely upon this point, she stated very clearly that about seven years ago the family was sent home as paupers from Devonshire ; that on the road two of the children caught the small-pox, and that, when they reached their parish, Ospringe, near Faversham, they were very ill with it. This statement of the mother was corroborated as to every particular by her husband, and both said that there could be no doubt of the nature of the disease. I wrote to the gentleman who had attended the children, but, as he had not kept any notes of the cases, he was unable either to verify or disprove the relation given by the parents.

The testimony of the above persons was strong, and I began to doubt the accuracy of my diagnosis. The disease, however, did turn out to be small-pox, and of the worst kind, with petechiæ, vibices, hæmatemesis, &c., and the poor child died about the 12th day. Her younger sister, who had never had either small-pox or the vaccine disease, fell sick a few days after, and had the disease in a favourable manner.

Since the fatal termination of Ann Mitchel's case, I have again conversed with her mother, who persists in her story without any variation.*

The fourth case of small-pox was that of a child, by name Daniel Paine, a very scrofulous subject, who was rather a surgical than a medical patient, and whom I prescribed for only now and then at the request of the Surgeon. I am unable to furnish any details of this case, as I knew not that the boy had had small-pox till after its fatal termination.

Such are the only instances of this disease which have happened in hospital patients with whose treatment I have been concerned. I have met with some cases in private practice which have been interesting, but they are very few in comparison with those which have fallen under the observation of the general Practitioners of this city and its neighbourhood. A statement from them collectively of their experience in small-pox during the preceding year would doubtless be a valuable document.

No. II.—*Bronchocele.*

Two cases of recent bronchocele have been discharged from

* I very much regret that I omitted to examine whether the child had any pits or scars upon its body. I should have added to the mother's account, that she assured me she perfectly well remembered her children having been exposed to small-pox on their journey.

the hospital since my last report, in both of which the hydriodate of potash was the remedy chiefly employed.

Case. 1st.—Mary Oliver, aged twenty-one, who had been affected by goitre for about two months. The exact circumference of her neck at the period of her admission was not ascertained, but the tumour was considerable, though not very hard, and respiration was much impeded.* On or about the 27th December, 1823, she began using the iodine ointment, of the usual strength, viz. 3j. to one ounce of lard, and rubbing in a dram or thereabouts every night and morning. For a month little if any improvement was to be perceived, and on the 23d January, therefore, six drops of the tincture were ordered three times a day, in addition to the ointment. On the 30th the tincture was increased to ten drops, and by the 16th Feb. there was a marked diminution of the bronchocele, though the respiration continued as difficult as before. In the following week I was fain to discontinue the tincture on account of its having caused considerable pain of bowels, and costiveness. The external use of the remedy was, however continued, and a draught of inf. gent. c., with a drachm of Epsom salts, was ordered every morning, as well as inf. calumb. with subcard. of potash, and a minute dose of pulv. rhei. three times a day. The abdomen was also fomented. This plan was persevered in till March 19th. The tumour gradually diminished in volume, till at the period last mentioned it had disappeared entirely.

Case. 2d.—Sarah Matthews, ætatis 15. This girl had not yet menstruated; and for some time her friends had observed an increasing fulness of her throat, and impeded respiration, for which complaints she, on the 15th of April, became an out-patient of the hospital. Her general health was good. I directed her to rub in half a drachm of the iodine ointment night and morning, and to take five drops of the tincture in distilled water, with a little syrup, three times a day. On the 30th no improvement had taken place, and four leeches were applied to her throat. Afterwards the ointment was resumed, and the tincture increased to g^{ss} x.

* The writer of the critique upon Foreign Medical Literature, in the Number of the *Revue Medicale* for June last, speaking of the case of Maria Hawkins (see my last report,) expresses himself in the following terms:—“Cette histoire nous presente un exemple assez frappant de l'iodure dans le traitement du goitre. Je regrette néanmoins que son auteur n'ait pas fait connaître, avec plus de précision, la forme, le volume, et toutes les autres conditions de la tumeur.” I feel obliged to M. Bellanger for his hint, and, in my future reports upon the use of iodine in bronchocele, shall endeavour to supply the deficiency of which he complains.

May 14.—I could not discover that the tumour had diminished. The iodine was therefore laid aside *pro tempore*; a blister was applied to the throat; and *mist. ferri c.* was prescribed *ter die*, with *pil. aloes cum myrrha* \mathfrak{ss} every night. As soon as the blister got well, the ointment was resumed; and when I next saw the patient, viz. upon the 22d, the bronchocele was decidedly less, and it continued to diminish till, by the beginning of July, it had totally disappeared.

On the 2d of that month, the patient complained of sore throat, with some uneasiness of bowels, and constipation. She was therefore directed to discontinue the ointment, which in fact was no longer needed; and a purgative and gargle were ordered. On the 9th she was discharged cured.

In the above instance, perhaps, the blister may have contributed much towards the removal of the bronchocele, and some of my readers may be inclined to ascribe the cure to it alone. In cases however, where the same remedy has proved totally inefficient to disperse the tumour, I have found it a useful auxiliary, the iodine acting more readily upon the absorbents after the application of a blister.

In cases where the ointment rubbed upon the throat seems to produce no effect after a fair trial, it might be well to employ it in the manner recommended by Scattagna with respect to mercury.

A third Case is still upon the hospital books; but as the disease is much lessened, and the patient considers herself nearly well, I shall offer a sketch of it in this place. The case is that of Ann Andrews, ætatis 16, to whom I alluded in my last Report (No. 1.) I at that time despaired of the iodine's acting upon the bronchocele, for it had been exhibited both internally and externally for several weeks without the smallest effect, either upon the tumour, or as an emmenagogue. Burnt sponge was not more effectual, and blisters disappointed me.* The medicines which had been given both before and after the tincture of iodine failed to establish the menstrual discharge. The girl was made an out-patient Nov. 11th; and, as she lived at some distance from Canterbury, I did not see her again until Jan. 9th. During the whole of this interval she took the sponge three times a day, and *pil. aloes c. myrrha* every night. As it seemed most desirable to bring on the catamenia, the following mixture was now prescribed:—

* The tartar emetic ointment was employed at one time, and under its use the tumour decreased above two inches, but the diminution was not permanent.

R Decoct. Hordei C. f. 3viij.

Tinct. Canth. f. 3j.

Ft. mist. cujus sumat partem sextam ter die. Sumat etiam
Pil. Aloes c. Myrrha ʒss. omni nocte.

On the 23d the tinct. canth. was increased to f. 3iss; but I believe that the increased dose was not taken, for on or about the 27th the catamenia appeared. They returned Feb. 29th.

On the 5th of March, the object for which the tinct. canth. had been given being attained, the iodine ointment was resumed, and five drops of the tincture were directed three times a day in distilled water, with a little syrup. By the 3d of April the swelling was perceptibly diminished, but there had been no return of catamenia. The ointment was continued, but not the tincture, and the tinct. canth. was recurred to. From the date last mentioned up to the 10th of August, I had no tidings of the patient's health; but I understood that she regularly sent for her medicines.

Aug. 10th.—She called at my house, and reported herself much improved. Catamenia had occurred thrice since I last saw her; the tumour was considerably less;* and respiration, which had formerly been very difficult, and accompanied by much wheezing upon the slightest exertion, was natural. She stated that for the last three months she had felt better than she had ever been since the commencement of her illness, and that she considered herself competent to go to service. The mixture, with tinct. canth., had been laid aside for about a month, and the ointment for a fortnight. She, however, expressed a strong desire to use the latter for a short time longer, as she felt convinced it had been of more service to her throat than any thing else that had been tried. At Michaelmas she is to report progress, and in a future communication I shall give the sequel of the case.

Case 4th.—Susan Love, ætatis 18, of fair complexion and strumous temperament, was made out-patient Jan. 30th. Affected by bronchocele, which had been first observed by the patient about two years before. The exact circumference of the neck was not taken, but the tumour was very considerable, and hard, and respiration was much affected. Catamenia had been suppressed for two months. Her countenance was flushed, and she complained of great pain of head; her pulse was frequent;

* I had particularly requested the patient to measure her throat from time to time, but she had forgotten to bring the measure with her. By her description, however, I imagine that the tumour had decreased about an inch and a half.

tongue clean; bowels costive. For the first week I applied leeches to the temples, and ordered pil. sodæ cum sapone ter die, and laxative pills occasionally.

Feb. 6th.—She began the iodine ointment and six drops of the tincture thrice a day, and pil. aloes cum myrrha occasionally.

13th.—The tumour had rather increased, as is not unfrequently the case when iodine is first used. Catamenia, however, were restored, and the patient expressed herself as feeling much better. In the course of a fortnight from the last report the tumour was evidently less. She complained of shooting pain of throat, extending to the head. On the 5th of March, the tumour was measured, and it had decreased half an inch since Feb. 27th.

March 12th.—Tumour diminished two inches since the ointment was begun. It was now softer, and respiration was much improved. From this date to April 9th there was no alteration, though the strength of the ointment had been increased, and gr^{ss} xv. of the tincture were taken thrice a day. Four leeches were therefore applied to the throat, after which the ointment was resumed, but the tincture was discontinued. I did not again see the patient till June 25th. She had persevered in the use of the ointment, and the bronchocele had decreased steadily though slowly. Her general health was at that time good, and she shortly afterwards undertook the management of a school. I saw her August 13th, at which date her health was perfectly restored: respiration was natural; and her throat, though it remained somewhat fuller than it was previously to the bronchocele's first appearing, had become much smaller than when she was admitted a patient of the hospital.

Those cases which are yet under treatment I reserve for a future report.

No. III.—*Intermittent Fever.*

In the *Revue Medicale* for June last, some notice is taken of the case of Mercy Brown who, in my last report, was stated, upon the authority of a very respectable practitioner in this neighbourhood, to have been cured of intermittent fever by charcoal. "Faut-il," says the reviewer, "d'après ce fait croire aux vertus febrifuges d'une substance aussi inerte que le carbone?" Now what is this but begging the question? The testimony of Drs. Caleagni and Calvert are strong in favour of the efficacy of this substance in intermittent fevers. It has been exhibited by a sensible and experienced practitioner in this neighbourhood, and the disease gave way under its exhibition. To assume, therefore, that it is an inert substance, is to assume

what remains to be proved. If by an inert substance the reviewer means one whose *modus operandi* he does not clearly understand, charcoal is only one out of many substances in the *materia medica* which may be termed inert. I candidly confess that the experiments I have been enabled to make since my last report have not been successful, but that does not signify so far as the reviewer's reasoning is concerned—it remains as illogical as it was before.

I proceed to give an outline of cases in which I have lately made trial of charcoal :—

Thomas Taylor, æt. 15, a native of the sea-port town of Whitstable, the land around which is low and marshy, was admitted March 12th with tertian intermittent of six weeks' standing, and which, according to the boy's statement, had resisted the usual remedies, owing probably to his remaining in the damp situation where he had contracted the disease. On the 13th he began taking the charcoal, 3ss. every two hours. On the 15th it had produced no effect. A cathartic was ordered.—18th. Ague not checked. Sumat carb. ligni, 3j. magnes. ʒss. secunda quav. hora. The type had now become quotidian, and the paroxysms occurred earlier in the day; but, on the 18th, when the increased dose was begun with magnesia, the boy had no fit, and the type was again tertian afterwards. 22d. Paroxysms the same; sickness at stomach: ordered some aperient pills. 25th. Paroxysms now anticipate previous periods of attack, and are very severe. Omittatur carbo ligni, et sumat pulv. cinch. ʒij. potass. cum subcarb. ʒss. ex decocto cinch., 2da quaq. hora, absente febre; pil. laxat. ij. statim. Full diet, and porter.

27th.—No return. On the 31st there was a slight attack. Aug. pulv. cinch. ad 3j.

April 3d and 5th.—Recurrence of ague. The bark having failed, I now tried liquor. arsenic. ℥v., ter die ex aqua distillata; and an emetic upon the approach of the rigor. On the 11th and 13th there was a return of the ague. The abdomen was full and tense, and he took three grains of calomel and four of pulv. antim. at night, and a cathartic on the following morning. Aug. liq. arsenic. ad ℥viij.

30th.—There having been no return of the complaint for fifteen days, the patient was discharged, cured.

From the time the charcoal was laid aside, the ague certainly decreased in severity, and the patient improved rapidly in his general health. The arsenical solution, however, clearly effected the cure. If it be supposed that the bark failed owing to the bowels being in a deranged state, I answer that the patient's

bowels had been constantly attended to, and kept regularly and sufficiently acting.

Another case in which the charcoal was given, is that of Richard Clements, who was an in-patient for a cutaneous disease of an impetiginous character. On the 22d of March he was unaccountably attacked by an intermittent. He took the charcoal for several days, but it failed entirely. On the 31st he began the arsenical solution, which in a day or two stopped the ague. On the 2d of April he was made out-patient, and continued the solution up to the 23d, when he was discharged, cured. Previously to his being made out-patient, the eruption had become much less ; but I think its total disappearance was owing to the medicine last taken.

In the case of Eliz. Sneller, ætatis 42, married woman, who was admitted Feb. 27th, with great pain of head coming on at about four o'clock every afternoon, and subsisting for several hours, after which there was a perfect intermission, the charcoal at first seemed to be of service. The complaint, however, quickly returned with as much violence as ever ; and on the 19th of March the medicine was abandoned. The subcarb. ferri, in half-drachm doses every three hours, almost removed the pain for a week, but its good effects lasted no longer. I then prescribed bark in substance, with a little compound cinnamon powder every two hours during the intermission, and calomel, gr. v. pulv. ipec. comp. ʒss. every night.

10th.—After she had taken the first powder, the pain ceased almost entirely. The calomel and pulv. ipec. c. were continued for five nights, when they were relinquished, as her mouth had become sore, and there was some salivation. On the evening of the 9th there was a slight accession of pain. The bark was now increased from ʒij. to ʒij., and one grain of calomel, with ten grains of the Dover's powder, were ordered every night. The patient was particularly cautioned to omit these powders in the event of her mouth becoming very sore, and salivation more copious.

16th.—No return of pain. Bark continued.

24th.—No return ; and she remained free from pain of head up to June 13th. At that period she complained a little, and the bark, which had for several weeks been discontinued, was resumed.

No. IV.—*Case of Purpura simplex.*

Charles Carr, ætatis 12 years, was made out-patient April 9th, affected with purpura simplex, attended by the usual symptoms of languor and general debility. His countenance was sallow ; pulse feeble ; tongue rather dry, and white ; bowels

constipated. I prescribed a drachm of oil of turpentine in an emulsion every three hours, till the bowels should be well evacuated, and a demulcent mixture at bed-time. I do not recollect exactly how many doses of the turpentine medicine were taken, but his bowels were freely moved. I did not see the patient again till the 13th, when the petechiæ, which had been very numerous, had nearly vanished. The boy complained of strangury, and therefore took for two or three days a demulcent mixture, with sp. æther. nitr. On the 16th, as debility was now his only complaint, he began a bark mixture with conf. aromat. and sp. lav. c., and took ten grains of pil. aloes cum myrrha, at night. The petechiæ did not again appear, and at the beginning of June the patient was discharged, cured.

Of the efficacy of oil of turpentine in purpura, there is sufficient testimony before the public, and its value in some other diseases is unquestionable ; but, unfortunately, it is a medicine so disagreeable, that few private patients can be induced to persevere in it after one or two doses ; and even in hospital practice, I have sometimes been compelled to abandon it. I have exhibited it alone, and in milk, and in the form of emulsion with aromatics, and also with oil of lemons, but still the taste of turpentine has predominated, and nausea and vomiting are frequently caused by it. It were much to be wished that some mode could be devised to obviate the objections to the exhibition of so powerful a medicine.

No. V.—*Case of Mesenteric Disease.*

Albert Holness, ætatis five years. This child, whose temperament is decidedly strumous, and one of whose sisters died in the hospital of dropsy, the consequence of disease of the mesenteric glands, was made out-patient Feb. 13th. He had at that period a short teasing cough, swollen abdomen, emaciation of extremities, and other symptoms denoting mesenteric affection. His motions were pale in colour, and generally slimy, and it seemed very probable that worms existed in the intestinal canal, though I did not consider them as the only or principal cause of his complaints. The mother of the patient, a very respectable matter-of-fact woman, assured me that two years before, when he had the measles, he passed by stool in the space of six weeks two hundred lumbrici, and that, in one night, sixteen of those animals were voided by the mouth.

The plan upon which he was put was as follows :—1st, he had an emetic of pulv. ipec., zinci sulph. aa gr. v., and a purge of pulv. scam. c., after the operation of which he was ordered to take ℥xx. of the liq. calcis muriat. in almond emulsion. On the 27th I saw him again, and he was remarkably improved in

looks ; his cough had left him ; his pulse had become natural ; his tongue had lost its white coat ; and he slept well. Still however, the abdomen was greatly swollen, and his motions were of unhealthy colour, and slimy. He had passed no worms. I gave him a purge of calomel and jalap twice in the week, and directed that the solution of muriate of lime should be continued.

March 5th.—He had continued to improve. The unfavourable symptoms which remained when I saw him on the 27th of Feb. had given way.

The medicine was persevered in till about the middle of April, and, as the child seemed at that time to have scarcely any complaint, they were then discontinued ; but his name was kept upon the books till June 18th, when upon the report of his mother he was discharged, cured. That he will, at some future period, again come under our care, is not at all unlikely, but for the present he is undoubtedly much improved, and as he took nothing excepting an occasional purgative with the liq. calcis muriatis, may not this be deemed a case which speaks much in favour of that remedy ?

No VI.—*Case of extensive Disease of Lungs, not suspected during Life.*

William Herbert, ætat. 50, was admitted into the hospital Feb. 27, in a state of excessive debility, with a dry, furred tongue ; frequent, feeble pulse ; tremor ; and complaining of great pain of the right thigh and knee, which were considerably swollen. There was also inflammation of the right hand, apparently rheumatic. I could collect no information, either from the patient or his friends, as to the commencement or progress of his illness. All that I could learn was, that he had suffered extreme pain of the knee and thigh. Not a word was said of his having been subject to any affection of the chest ; and till his death, which occurred March 5th, not a symptom of disease in that quarter manifested itself. His bowels were in a very disordered state ; the motions dark and offensive. He was therefore purged with calomel in the first instance, and was subsequently treated with leeches to the affected part, and a mixture containing colchicum. In a day or two, however, he had become so feeble, that I was constrained to resort to cordials. The pain and inflammation of thigh and knee did not leave the patient till the moment of his death, which was on the 5th of March.

The body was examined about thirteen hours after death.—The pleura pulmonalis on both sides adhered most firmly to the pleura costalis. The right lobe of the lungs was diseased

throughout : it was studded with tubercles in various states—some suppurated, some in an incipient state. There was also caseous matter contained in cysts. There was universal inflammation of the lungs and of the pleura lining the ribs on the right side. There was also caries of the bodies of two of the dorsal vertebræ. The cavity of the chest contained a considerable quantity of fluid. The abdominal viscera were in general sound. There was merely a slight appearance of inflammation of intestines, which is so very commonly observed in dissections, that I should not have noticed it had no one present pertinaciously insisted upon it as a morbid appearance of great importance.

II.DR. BALFOUR on *Compression and Percussion in the Hip Disease*.

(From the London Medical and Physical Journal.)

The treatment of the hip disease has received less improvement from the moderns, than, perhaps, any other to which mankind are liable. The practice followed at this very day and hour, is the same in substance with that laid down 2300 years ago. Not but that much valuable information has been obtained respecting the pathology of the disease, and the morbid anatomy of the parts. Nevertheless, little or nothing efficient has been added to the means of cure ; the disease remains as intractable, as frightful, and as fatal as ever.

The mode of treatment pursued in the two following cases, is not only different from, but apparently incompatible with, that recommended by the best and latest writers on the subject : but it is not to be condemned on that account. Facts will remain facts, in spite of preconceived opinions, and all the ridicule that can be levelled against them. It is no uncommon occurrence, however, to see facts brought against facts, by men of equal reputation and integrity ; and yet there may be no paradox in the matter. A difference of circumstances in the application of any remedy, must surely affect the result. If, for instance, a practitioner, after reading this paper, were to adopt my practice, and without discrimination, to apply it to a case of hip disease already advanced to the second stage, he might greatly injure his patient. Were he hence to conclude that the practice is hurtful, instead of being beneficial in such cases, his inference would be perfectly correct ; at the same time, it would be a complete, though unintentional, misrepresentation

of my practice. Nay, were the same practitioner to employ compression and percussion in incipient cases of hip disease without success, any conclusion he might form against the practice would be erroneous, unless he performed the operation with the tact and skill which, from extensive experience and unremitting attention to the subject for a course of years, I have acquired. I am warranted in making this observation, from the consideration, that I daily receive patients, and cure them in a short time, who have laboured for years under rheumatic complaints, and have been treated in every possible way by practitioners of the first eminence, without any good effect. In many such cases, compression and percussion had been resorted to after medicine failed, but with equally little benefit. Compression and percussion have, therefore, most erroneously, been pronounced useless, if not hurtful. If the practice was either useless or hurtful, it would succeed in no man's hands; but it succeeds in mine, after it has failed with other practitioners: *ergo*, my mode of applying it must be superior to theirs; and they have no right to deny a practice which is new to them, and success in the application of which can be attained only from experience.

J. R., aged eighteen, became my patient on the 14th of January, 1822, for the hip disease, right side, of five years standing. When about thirteen years of age, he one day suddenly experienced a sense of weakness, pain, and stiffness in the joint; to which he paid very little attention, as it soon went off. The same thing continued to recur, however, at irregular intervals, and with various degrees of intensity and duration. At length the complaint returned oftener, and with marked increase of all the symptoms. At the end of three years, during which the disease had been making insidious and imperceptible progress, the patient found his limb unable to sustain his weight, and the stiffness permanent. He could not now throw his leg across a horse. At this stage, he had recourse to medical aid, and six wounds were made by escharotics round the joint, and kept open for some time, without affording the smallest benefit. In harvest, 1821, all the symptoms, particularly the pain, became greatly aggravated, and he was henceforth laid up. At this time another surgeon was called, who applied leeches to the joint, and afterwards blisters to the knee. Two large issues were made by nitrate of silver, in the neighbourhood of the joint at the same time, and kept open for four months, without the least advantage. Mercurial ointment was now rubbed into the thigh, by advice of a third surgeon; which very nearly finished the patient.

When I first saw this young man, which was on the 14th of January, 1822, his case was deplorable indeed. The hip and thigh were greatly emaciated, the former appearing quite flat. The skin of the thigh was dry, rough, rigid, and felt like a board. All the glands in the neighbourhood of the joint were swollen, and excruciatingly painful to the touch. Considerable effusion had taken place about the front of the joint, and there was a large fluctuating tumour upon and behind the trochanter minor, but which was entirely free from pain. A perpetual, agonizing pain pervaded the whole joint, but was particularly severe on the front, exterior to the course of the femoral artery, reaching down to and behind the trochanter major, along the vastus externus muscle, and terminating in the knee. So intolerable and unremitting was it, that, for eighteen weeks, the patient had been incapable of suffering the limb to remain in any position for an hour at a time, and was therefore, in a great measure, deprived of natural rest. The anterior portion of the crest of the ilium was turned a little outwards, which increased the external cavity of that bone, and clearly evinced the nature of the disease, had there been any doubt on the subject. Pulse 90, small, and irregular; appetite impaired; bowels more regular than could have been expected. The limb was about an inch shorter than the other, and was always kept in a slightly bent position, so that the toes only touched the ground in standing.

I began my treatment of this case by the application of compression and percussion, followed by passive motion of the joint to the extent the patient could suffer it. My expectations of success were any thing but sanguine. I anticipated nothing but suppuration, hectic, and death,—more especially as some members of the family had died of consumption. Notwithstanding, for reasons hereafter to be rendered, I considered this mode of cure the only chance in reserve for my distressed patient. The handling of the parts was at first necessarily very gentle; but I never visited this patient without leaving him easier, in regard to pain, than I found him. On account of the distance at which the patient resided, I saw him every other day only: consequently, a much longer time elapsed before any decided impression was made, than would have been requisite, had the operations been performed daily. At the end of three weeks, however, his condition was so much ameliorated, that he could sleep nine hours without interruption. This was of immense advantage, not only to the patient himself, but to his friends, one or other of whom had to attend him every now and then, even during the night, to alter the position of the

limb. But, though the effects of the operations were now more obvious, decided, and permanent, the parts affected remained extremely tender to the touch, and unaltered in appearance. I spent an hour, at least, with the patient, at every visit. One day I operated an hour and a half on the flexure of the joint and margin of the acetabulum, with the view of getting at some defined spots, which were extremely painful, and impeded the motion of the joint. I accomplished my object; and, though the patient was much exhausted, not only no bad consequences resulted from the exertion, but he never was so much pained afterwards. I now proceeded, therefore, with more boldness and effect.

The patient's general health, and consequently the diseased parts, were greatly affected by the state of the weather. The process of amendment was often suspended, and sometimes the symptoms retrograded, or threatened to do so. On such occasions, I redoubled my diligence, and always with the desired effect. The operation of compression and percussion never failed to exert a benign and sanative influence on the parts affected, and also on the whole nervous system. This was not a vague conjecture; it was an effect, of which the senses were the evidence. The patient knew when he was relieved from pain; and I knew when he could suffer the parts to be handled with increased freedom, and when the motion of the joint was facilitated.

The reader may startle, perhaps, at the idea of compression and percussion changing the nervous system, or any part of it, from a morbid to a healthy state or action. It is, nevertheless, true. I have observed it in a thousand instances. In the present case, when I grasped the anterior muscles of the thigh, below the trochanters, and raised them from the bone, the patient roared out from pain: when I compressed them, his sensations were pleasurable. Compression and percussion completely changed this morbid state of the muscles, so that they could be handled, and raised, and twisted at pleasure. Is not this changing the morbid state of the nerves into a healthy? The very skin was changed from a dry and rigid, to a naturally moist and pliant state. The patient himself made the observation first. I have in many instances, observed the same effect produced by compression and percussion; and the fact admits of an easy explanation. When emaciation of the muscles takes place, the circulation in the capillary vessels must be languid in proportion: the latter, indeed, must be the immediate cause of the former; for, if the ultimate arteries continued to perform their functions equally all over the body, no emaciation of any parti-

cular part could take place. When, therefore, compression and percussion are applied to parts in a state of emaciation, the ultimate arteries are roused to action, the blood is brought to the surface, and circulated equably;* the nervous power is conciliated and diffused; and, consequently, all the functions dependent on these, must be performed more perfectly.

About the month of May, the patient complained of pain on the right side of the lumbar vertebræ, along the crest of the ilium, and in the muscles connected with these parts. He began to lean very considerably to the side affected, which gave the appearance of a curvature to the spine. When these parts were handled, the pain was most excruciating, which made me suspect it was all over with my patient, as one part was no sooner relieved than another was attacked with disease. However discouraging these circumstances, I continued my operations, and succeeded in removing the pain from the loins, much sooner than I expected; and it has never returned. The spine is also perfectly straight. But, though pain and effusion were removed, in a great degree, in a few weeks after the commencement of the operations, yet several months elapsed, before any increase of flesh could be perceived. This might be owing as well to the wavering and imperfect state of the patient's general health, as to the local disease. About the month of June, however, his general health became more steady and confirmed, and an increase of flesh over the whole body, not excepting even the diseased limb, was very manifest. Finally, at this date, 12th November, 1822, the patient is in perfect health; pulse natural, (66;) the joint and limb are, and have been for a considerable time back, permanently free from pain; the tumor at the head and inside of the thigh is decreased one third, is flatter, more moveable, and more compressible; effusion in other parts round the joint has disappeared; the glands are reduced to their natural size; rotatory motion is very considerable, not perfect; flexion and extension are perfect; the patient can rise from his back, with both limbs extended on a plane; standing erect, he can plant the foot of the weak limb on a chair; he can touch his chin with the knee, and his hip with his

* This was beautifully illustrated in the present case, from the circumstance that, before I was called, the issue behind the trochanter major had been healed up for some time, but the scar retained an uncommonly livid colour. Compression and percussion had not been long applied, however, when it changed to a more healthy red, and gradually acquired a natural appearance. I made no mention of the change, till it was noticed by the patient's mother, who observed that, "surely the operations were doing good, for the very colour of the wound looked better."

heel, and can place his heel on the opposite groin. The limb is gaining flesh daily ; the margin of the gluteus maximus is beginning to assume its natural prominence ; and the patient can walk without crutch or support of any kind. I saw his mother twelve months afterwards, who informed me, his health was completely confirmed, the tumour had nearly disappeared, and that the limb was perfectly serviceable.

I took several of my professional friends to see this case, who agreed that it was unique ; and I think I may add that, if ever premises warranted a conclusion, the history of this case authorises me to say, had the patient been treated by compression and percussion at the commencement of his illness, or even after it had existed for some years, the disease would have been arrested *in limine*, and all the subsequent distress which he suffered, would have been prevented.

In addition to the facts of the case, it will naturally be expected, I should assign my reasons for attempting to cure by *motion* a disease, for which *perfect rest* is universally prescribed. They are as follow :—

The success I have had for a number of years in curing rheumatism, of every degree of inveteracy, by compression and percussion, has induced many to apply to me for the cure of chronic pains arising from ricketty and scrofulous constitutions, the patients imagining their complaints to be merely rheumatic. Whoever, indeed, has had much experience in the treatment of rheumatism, must have met with many such cases. I always consider that case to originate in scrofula, where cartilaginous parts and their coverings are chiefly affected, and where there is general debility at the same time. For instance, when the pain is confined to, or chiefly affects, the cartilages of the ribs, breast-bone, vertebræ, crest of the ilium, or the joints, attended with general debility, I consider the disease to proceed from a scrofulous constitution. Now, in applying compression and percussion to the soft or muscular parts, which in such cases are also often very painful, and sometimes knotted, I found the practice attended with the most beneficial effects on the cartilaginous parts also ; and that it removed that undefinable exhausting pain and uneasiness, which are both a cause and an effect of the general debility accompanying such complaints. I therefore came to follow the same practice in every such case, as I did in cases of pure rheumatism, and with equal success. Compression and percussion, by removing pain, indirectly strengthens the patient ; more exercise can be taken in the open air ; the digestive organs are improved, and the general health is restored. Having, therefore, observed such effects from com-

pression and percussion in cases of chronic pains and general debility, arising from a scrofulous taint in the constitution, it was most natural for me to conclude, that the same practice would be beneficial in scrofulous affections of the hip joint. Thus the adoption of the practice followed in this most interesting case, was not a random experiment—a bow at a venture, but the result of observation and induction.

Pathologists agree in attributing scrofula and rickets to a deficiency of phosphate of lime, as their proximate cause, arising either from an inordinate action of the absorbents or from deficiency of action in the ultimate arteries, whose function it is to secrete phosphate of lime. From the effects of compression and percussion, as illustrated in the preceding case, I apprehend the latter to be the truth; for, under their application, the progress of debility is arrested, the distortion of bones is rectified, and the bones themselves are restored to their former strength.

These effects must be owing to the renewed secretion of phosphate of lime, produced by the excitement of the ultimate arteries: and, if compression and percussion promote the secretion of phosphate of lime in the bones, much more so in the soft and fluid parts; for it is a proximate principle of the soft and fluid parts of the body, as well as of the bones. It is, therefore, easy to comprehend, that a mode of treatment which promotes the renewal of a proximate principle, in the deficiency of which debility consists, should arrest the progress of debility.

I was called to Mr. S., aged sixty-six, on the 20th of April, 1822. About fourteen weeks before this, he fell one evening, going down a stair, on his right haunch, and felt so much hurt, that he could not return home without help. A surgeon was immediately called, who declared that neither fracture nor dislocation had taken place; and, of course, that the accident was of no consequence. The patient continued for some days, however, to experience considerable pain in the limb, from the hip-joint to the ankle inclusive, which prevented motion entirely. Another surgeon was now called in, who also pronounced the injured parts to be free from fracture or dislocation, recommended that they should be anointed with linimentum ammoniatum. This gentleman must also have considered the case as of no importance, as he did nothing farther in it. Notwithstanding, the parts around the hip-joint continued painful to the touch, and therefore were never touched. Any attempt at motion of the joint was also attended with excruciating pain; of course, the limb was constantly kept in a state of perfect rest. The patient lay in bed for the most part, or, if he came out of it, he made use of a crutch, and kept the limb in the half-bent

position ; so that the joint suffered no more motion than if it had been a continuous bone. Fourteen weeks passed over in this way, without the smallest prospect of his ever being able again to set his foot to the ground ; though there was no where any external appearance of injury or disease : the whole limb was pained, and so œdematous below the knee, that the skin was about to crack in many places.

Had the patient's constitution been sound, the accident that befel him would most likely have had no bad consequences. He was a lightmade man, and, as has been observed, there was no external appearance of injury, even on the parts which came in contact with the stones on which he fell ; so that the gentlemen who preceded me were perfectly justified in considering the case as trifling. But, after the lapse of so many weeks, during which any taint that might exist in the constitution had time to develop itself, matters assumed a different aspect. There could now be no manner of doubt that the case was one of hip-disease, occasioned by the accident. The pain in the hip-joint and at the knee, on attempting motion,—the grating of the articular surfaces, on passive motion being given to the joint,—the aspect of the patient,—all concurred in proving that the effects of the accident proceeded from a scrofulous taint in the constitution, brought into activity by external violence.

Expecting I would satisfy myself with prescribing some liniment to the parts, the patient, when I began my operations, regarded me with astonishment, and hesitated not to affirm that, instead of being benefited, much injury could not fail to result from such a mode of proceeding. Indeed, had it not been for the respect I entertained for his friends, I would not have touched this obstinate and unreasonable man a second time. After few operations, however, when he found the motion of the joint increasing, and the pain in and about it decreasing, the reception I met with was very different. Now he was all deference, submission, and apology. The consequence was, that in a week the motion of the hip-joint was restored ; and, in three weeks from the time I was called in, he was walking the streets. The œdema of the leg had by this time also disappeared.

Here, then, is another case of hip-disease, the progress of which was arrested by compression and percussion. It may be said that other means might have arrested it as well as compression and percussion, had they been tried. I do not deny it. I only affirm, that compression and percussion, combined with passive motion of the joint, did arrest the disease, and in a much shorter time, too, and with much less injury to the sys-

tem ; because a copious and long-continued discharge of purulent matter, by issues or otherwise, though it may sometimes cure the local affection, much oftener saps the foundation of the constitution. It cannot, in the nature of things, be otherwise. Was there ever yet a human being seen to have a healthy appearance, with an active issue of any continuance ? Compression and Percussion, on the contrary, strengthen the whole frame : consequently, the patient is much sooner enabled to avail himself of exercise in the open air, which, as it is necessary to the preservation of health, must contribute essentially to the cure of disease. Had I, in the case under consideration, advised the repeated application of leeches, of scarification and cupping, and ultimately issues in the neighbourhood of the joint,—what would have been the inevitable consequences ? Much longer confinement and great diminution of strength, which, combined, might have given a fatal predominance to the scrofulous diathesis.

From the effects of compression and percussion, combined with passive motion of the joint, in this case, after matters had assumed so formidable an aspect, it certainly is not too much to infer that, had these means been employed at the beginning, the consequences of the accident would not have occurred. It is much easier, surely, to prevent than to cure disease ; and that remedy which has the power of arresting the progress of any malady after it is confirmed, would unquestionably prevent its proceeding to any extent, if early employed. This is as clear and conclusive as that twice two make four. How many, then, of both sexes, and in all ranks of life, might be rescued from an early grave, or from irremediable debility and deformity, by timely combining with other remedies the simple operation of compression and percussion !

III.

De la Médecine Opératoire, par R. B. Sabatier. Nouvelle Edition, faite sous les Yeux de M. le BARON DUPUYTREN, par L. J. SANSON, et L. B. BEGIN. 4 tom. 8vo. Paris, 1822, 24.

(From Anderson's Quarterly Journal.)

We have often thought it our duty to point out, what appears to us, deficiencies in the medical literature of our own country ; so often indeed, that probably to many of our readers, we must have seemed hypercritical and unnecessarily fastidious. To those who think so, and who are not so sensible of the deficiencies as we profess ourselves to be, it would be in vain to offer a

defence on any occasion, much less on the present one, as we are about to render ourselves again liable to the same reproaches that may have been formerly bestowed upon us. In a word, we are compelled to state the mortifying truth, that we are not in possession of any work, of the same nature, which will bear a comparison with Sabatier's celebrated Treatise, even in its original form; that we have not any work that can prove a satisfactory guide to the young surgeon, in planning his operations; in choosing the kind best adapted to the varying conditions of individual cases; in carrying them into execution; in conducting the after treatment; and in the important, but neglected point of establishing the indications calling for their performance.

Mr. Averill's excellent little book lately published, has supplied the student with descriptions of the most approved methods of performing operations; but, not to mention that he has confessedly derived his information from the French, and that many parts of his book are translations of that before us; what we have just said, and what every surgeon must feel, will serve to prove how limited in its utility, a treatise formed on such a plan must be. Although written at so remote a period, Mr. Sharpe's "*Operations of Surgery*," approach most nearly of any thing in our language, to the desideratum.

Have we then overlooked Mr. Bell's *Operative Surgery*? No; but from what cause we know not; whether from a distrust of the extent of that gentleman's experience at the time it was written, a distrust heightened by his giving graphic representations and plans, which could evidently only exist in imagination; or whether from the aversion naturally excited by his extreme egotism, and his extravagant claims to exclusive excellence—it has always appeared to us a work of very inferior execution; and in saying so, we believe we express the opinion of a majority of the profession. As we have no wish to detract from real merit, it is fair to add, that Mr. Bell's qualifications for the task at present, are not to be estimated by his imperfect performance of it at a distant period: his egotism may probably remain in statu quo, or it may have retrograded; but we make not the least doubt, that with the experience and information he has since acquired, Mr. Bell would himself be the first to feel the necessity of making his book assume a character in many respects different from that it now bears.—It must be allowed to be rather surprising, that among the many able surgeons in public situations in London, and who have not yet experienced the benumbing influence of age, not one should have availed himself of the opportunity of appropriating such a field

for active exertions, and that too without the fear of being disturbed by competitors.

But it is time to say something of the present edition of Sabatier, which may in many respects be looked upon as a new production : its history is told in a few words, namely, an attempt to bring an established and approved work to a level with the progress of modern surgery, executed by two gentlemen, whose names are not altogether unknown, but deriving its principal merit from the picture it presents of the opinions and practice of M. Dupuytren, certainly one of the most scientific and expert surgeons of Europe. We shall not stop to inquire if this be in fact the best mode of proceeding, or if the mixture of new and old doctrines do not give a motley appearance to the whole ; but shall take it as we find it.

Of a systematic work it is by no means easy, nor is it always useful, to give a complete analysis, and we shall therefore, as on former occasions, use considerable freedom in selecting for notice such points as are most likely to prove of general interest. A good deal of new matter has been added to the present edition, occupying the greater part of the first volume, under the title of Prolegomena ; and treating in succession, of the qualities requisite in an operator ; general considerations on operations ; the processes preliminary to operations ; the mode of conducting them ; the after treatment ; dressings ; the *hygiene* (a term for which we do not know a precise equivalent in our language) of those operated on ; and, lastly, the minor operations. Most of these subjects are treated with a degree of scrupulous minuteness, in some instances approaching to superfluity. We may point out, as particularly excellent, the chapters on the preparations for operations ; on the mode of conducting them ; on dressings ; and on the minor operations : that devoted to the indication of the qualities requisite in an operator is also excellent, though written in a spirit of Utopian speculation, of which we do not want for examples in our own country. But it is better that it should be so ; it is an error on the right side ; and by placing the qualification at a higher standard than can be generally arrived at, the student who fails to accomplish impossibilities, is at least stimulated in the most effectual manner to energetic exertion. The whole of this preliminary essay well deserves an attentive study from every surgeon who aspires to the character of an operator, and we think that a translation of it, with the changes and modifications adapted to English opinions and practice, would be a valuable addition to our professional literature. We shall proceed to give some extracts from various parts of the work.

Hemorrhage during operations.—"Two methods have been proposed, when the blood springs from several arteries of moderate size, and when its current cannot be checked by compression. The first consists in preventing the flow of blood, by the fingers of intelligent assistants placed on the orifices of the vessels, until more effectual measures can be adopted, after the conclusion of the operation. The second, in securing the vessels as they are divided. J. L. Petit suggested the former, and applied it so successfully, that it was adopted by most of his contemporaries. It has this advantage, that the operation may be executed more rapidly; but it has also considerable inconveniences. The operator must trust wholly to his assistants, their fingers incommode him; and what is most important, after the operation, the vessels cannot be detected; they have retracted, or contracted, and no blood escapes; but after some hours, when irritation has caused an afflux of fluids to the wound, secondary hemorrhage, an occurrence always unfavourable to the result of the operation, and often fatal to the patient, appears, obliging the surgeon to remove the dressings and apply the ligature."

"These inconveniences have, for the last 15 or 20 years, led surgeons, particularly the English, to prefer the second of these two methods. In this way, the duration of the operation, it is true, is prolonged; an evil, however, of slight importance, compared with secondary hemorrhage. Besides this proceeding does not augment the sufferings of the patient; the operator, indeed, loses an opportunity of displaying his dexterity, from the length of time required to effect his object, but the case is one of those in which brilliancy must be sacrificed to security, and with some very rare exceptions, good practice requires that bleeding arteries should be tied the moment they are divided."

Burns.—The Editors have made an addition of considerable extent, when treating of burns, for the purpose of explaining the doctrines of M. Dupuytren, in relation to their treatment, &c.

"M. Dupuytren admits six different degrees, or forms, in burns, on the principle that in such cases the cause of injury acts first upon the skin, and successively on the parts more distant from the surface. The first degree, rubefaction; the second, vessication; the third, sloughing of the rete muscosum of the skin; the fourth, sloughing of the whole thickness of the skin; the fifth, sloughing of the muscles, tendons, and deep-seated parts; the sixth, the total combustion and destruction of any individual part. According to the extent in which it exists, any one of these degrees may produce an affection either whol-

ly local, or exerting an influence over the whole system. In some cases, and those the most dangerous, a state of perfect stupor occurs; more frequently there appear acute fever, vomiting, constipation, convulsions, &c.; at other times the patient becomes hectic, suffering from diarrhœa, and all the other symptoms of consumption. Dissection affords proof that the greater part of these phenomena is to be attributed to the existence of considerable sympathetic irritation of the mucous membrane of the stomach and intestines. The traces of this irritation, however, always presenting a relation to the symptoms existing during life, vary according to the period at which they are observed. Thus, when the individual has perished in the flames, or within a short period of time afterwards, a sufficient interval not having elapsed for the developement of inflammation, we only find traces of considerable afflux to the mucous membrane; it is not only injected and gorged with blood, but also a certain quantity of that fluid has been exhaled from its surface; the general disturbance is often so great, that the same changes may be observed in the bronchial mucous membrane, and it is not uncommon to find effusion of bloody serum within the arachnoid, pleuræ, and all the other serous membranes. If some days have passed since the occurrence of the accident; if nausea, vomiting, fever, &c., have announced the developement of internal inflammation, dissection will display more marked characters of gastro-enteritis. If, in the last place, the patient should happen not to perish until a yet more distant period, and if the symptoms of colliquation have shewn themselves, we shall find the intestinal canal generally discoloured, presenting patches of a more or less brightened colour, and with or without the additions of ulcerations, indurations of the mesenteric glands, &c."

Prognosis of Burns.—In relation to the prognosis, the Editors state that

"Burns in the first degree may cause death at once, or in a few minutes, if they be very extensive; but after the first or second day, all danger ceases, because resolution takes place in the injured parts before the time necessary for the establishment of gastro-enteritis. In the second degree, the danger of internal inflammation is more imminent and lasts for a greater length of time, particularly when the phlyctenæ have been lacerated. The third exposes the patient not only to the danger of an inevitable gastro-enteritis, in the first place, but also to a second series of accidents dependent on the establishment of what M. Dupuytren calls the eliminative inflammation, vomiting, fever, &c.; in short, consecutive gastro-enteritis; and oth-

er disorders resulting from the exquisite sensibility of the part affected, as convulsions, tetanus, &c.

"The fourth, fifth, and sixth degrees present phenomena of another description: the irritation and pain last only so long as the cause continues to operate, but when this is removed they disappear. Sometimes the patients fall into a complete state of stupor; they become icy cold, and perish within the first few hours after the accident. At other times, when the injury is less severe or extensive, re-action takes place; animal heat is restored; but yet they sink, at some time, between the fifth and the ninth day, during the establishment of the eliminatory inflammation; in others again, death is the consequence of excessive suppuration, or of hospital gangrene, or of malignant fevers of various kinds, or of marasmus and exhaustion, produced by the duration of the injury, and the impossibility of bringing about the restoration of the loss of substance. Hence it follows, that in extensive burns, which often include all the degrees we have mentioned, the life of the patient is endangered at four different periods: to these M. Dupuytren gives the appellation of period of irritation; period of inflammation; of suppuration; and of exhaustion."

Deformities from Burns.—After giving general directions for the treatment of burns, the Editors speak of the conduct to be adopted in the cases in which deformity or contraction has been the consequence of an irregular cicatrix. They have given a long list of the deformities which M. Dupuytren has witnessed to result from this cause, some of them of a very singular nature.

"However varied," say they, "may be the aspect of these deformities, they may be reduced to four classes, viz. cicatrices which are too narrow; cicatrices which project; preternatural adhesions, or obliterations; and destruction of organs: the latter are irremediable. The treatment of the others, when they are established, consists in replacing the parts in their natural situation by means of incisions made on certain principles. In these attempts M. Dupuytren has established:—1. That they should not be made until a period of some months, or even years, after the formation of the cicatrix.—2. That an operation should never be undertaken without a certainty of obtaining, by the assistance of bandages or position, a cicatrix less deformed, or more extensive, than the one we wish to correct. This applies, particularly, to scars on the face, which it is seldom proper to interfere with, because of the want of any efficient means of acting upon that part; such attempts often increasing the deformity by making another cicatrix across that

which existed before.—3. That the operation should not be performed when it is impossible to restore the parts to their original functions ; and consequently, that it should be avoided when joints are ankylosed, tendons and muscles destroyed, &c.

“ When we wish to remedy a cicatrix that is too narrow, we must :—1. Make incisions in several points, penetrating through its whole thickness, and dividing it completely across, so as to allow of its ready extension, but without removing any part of its substance : this practice is more consonant to reason and experience than that of some individuals, who thinking that the texture of the cicatrix is always imperfect and ill conditioned, recommend that it should be entirely removed, without recollecting that they thus indefinitely prolong the duration of the complaint, and that it may not always be easy to obtain the formation of a new cicatrix, which must not only supply the place of the textures originally destroyed, but also of that since regenerated.—2. We must extend the parts, and place them in a position opposite to that into which they have been brought by the disease.—3dly, We must employ great care to prevent the reformation of the cicatrix by the approximation of parts. After the section of the principal bands, and when two or three incisions have sufficed to restore the parts to their natural situation, it is not uncommon for secondary bands to be formed : as they appear, these must be cut without hesitation, not one being left behind. For want of this precaution, operations, apparently well done, have often failed ; the secondary bands, having, during the treatment, replaced the primary ones which it was the object of the operation to remove.

When the object is to get rid of projecting cicatrixes, we must :—1. Remove the whole of the projection which they form above the level of the skin, not by cutting them across, but by means of a slender knife with two cutting edges, introduced, horizontally, under the middle part, and carried on just below the skin, so as to detach both ends of the cicatrix.—2. We must keep the edges of the wound separated.—3. And frequently cauterize its surface, so as to keep it constantly a little below the level of the integuments.

“ When we intend to destroy preternatural adhesions, we must :—1. Cut or dissect them amply, and beyond their origin. 2. Keep the parts separated afterwards. 3. Compress the part from which the cicatrix is to proceed, and which is always at the angle of union of the parts.

“ Lastly, when we wish to remedy the obliteration of some natural opening, we must : 1. Enlarge the opening, if it is

only contracted, or perforated by means of the knife or trocar, if it be completely obliterated. 2. During the formation of the cicatrix introduce tents, &c., of larger calibre than the natural opening, leaving them there, not only until the cure is complete, but long afterwards, because of the very great tendency these openings possess to contract upon the removal of the distending body."

We proceed with our notices of some particular subjects, taken in the succession in which they occur in the book: the apparent want of order which may appear in them, is to be attributed to the plan chosen for the arrangement of Sabatier's original materials; the operative processes not being ranked in the common way, according to the parts of the body on which they are performed, but according to the diseases, &c., calling for their employment; the varieties resulting from difference of situation forming the basis of the subdivisions.

Effusions of Bile and Urine.—M. Sabatier remarks on the rare occurrence of effusions of urine and bile in the cavity of the abdomen. The Editors state that,

"This applies only to collections which can be recognized after death, or during life; for, that instances are not uncommon, in which communications are found to have been established between the cavity of the peritoneum and the urinary or gall bladders, without any trace of effusion. M. Dupuytren has explained the cause of this singular phenomenon by experiment. He injected bile, urine, and other coloured and acrid fluids into the abdomen of dogs, from the tunica vaginalis, without opening the peritoneum. Whether these animals were killed immediately after the experiment, or allowed to perish by abdominal inflammation, he found that the fluids, of whatever colour or acidity, had been rapidly absorbed, and that so completely, as not to leave a trace behind, without having failed in exciting acute peritonitis, which proved fatal in a few days, or even hours. These facts prove, that if in the bodies of wounded persons, dying with symptoms of acute peritonitis, we find the gall or urinary bladder opened, so as to allow the possible escape of their contents, we are authorized in considering the peritonitis as the consequence of effusion from them, although there be not any trace of the actual presence of the fluids."

Wounds of Veins.—"A single circumstance," say the Editors, "can render such wounds dangerous: it is when any obstacle opposes the free circulation of the blood in the wounded vessel or its vicinity, whether this obstacle depend on some impediment to respiration, or other circumstances. They give the following case:—A youth of 14 or 15, was running with a

knife in his hand, and falling forwards, received a small wound in the upper part of the thigh, near the crural arch, and penetrating one of the great vessels ; a great quantity of blood immediately escaped. A surgeon who was called in, endeavoured in vain to suppress the bleeding, by making pressure, as well upon, as above the wound : these measures, instead of checking, seemed to aggravate the symptoms ; at the end of two hours, the patient was taken to the Hotel-Dieu ; he was sinking at the time, and died before any thing could be done to relieve him. From the account of the colour of the blood, the manner in which it escaped, the inutility, and even injury of compression, and particularly from the situation of the wound, on the inner side of the course of the femoral artery, M. Dupuytren judged that the vein alone had been wounded. On dissection, in fact, a wound of the anterior side of the vein was found, some lines in length, and about an inch below the crural arch."

Lachrymal Tumour or Fistula.—After relating some, though not all of the modes of treatment recommended in this disease, (one of the best, that of Ware, is not mentioned,) the Editors speak of that of M. Dupuytren.

"This Professor," say they, "observed that the want of success of the common processes, depends on the short duration of the action of the measures opposed to the complaint. He therefore sought for a plan which might be permanent in its action, and permit the tears to resume their course, which he found in the canulæ introduced into the nasal canal, and allowed to remain there. M. Dupuytren employs the following instruments :—1. A conical gold or silver canula, about 8-10ths of an inch (English) long, longer above than below, having a moderately thick rim at its upper part, slightly curved, in conformity to the shape of the canal, and opening obliquely at the lower end, on the concave side.—2. An iron stilet, large enough to enter the canula, but easily quitting it : its upper extremity provided with a projecting rim, which rests upon the top of the canula, is curved at a right angle, and terminates in a flat handle. M. Dupuytren opens the lachrymal sac by one push of the knife, the point of which is introduced behind the osseous edge of the upper part of the nasal canal ; having entered the duct, he raises the blade a little, and introduces along it the point of the stilet with the canula upon it. The knife is then withdrawn, and the stilet gently pushed into the nasal canal, which must be filled by the canula in such a manner, that its projecting rim, concealed in the lachrymal sac, shall not present any obstacle to the healing of the external wound. The stilet is next removed, the canula remaining in the nasal canal.

The operation causes little pain ; some drops of blood run from the nostril ; and if the nose and mouth be closed during forcible expiration, air mixed with blood escapes from the wound. This proves, that the instrument is properly placed, and that a free communication exists between the lachrymal sac and nasal fossa. A patch of plaster covers the wound, which is often healed within 24 hours."

"A very great number of all ages and sexes, have been operated upon in this manner by M. Dupuytren, with most uniform success. He has calculated, that of twenty individuals treated in this way, at least sixteen are completely and radically cured, the canula never being displaced ; in two others the canula falls into the nasal fossa, or ascends towards the lachrymal sac, so as to render its extraction necessary ; but as this does not happen until a considerable time has elapsed, the cure is often not the less perfect, the nasal canal resuming its functions, as if it had been dilated by bougies, &c. Lastly, in the remaining two, pain, irritation, and other inflammatory symptoms occur : even then it is rarely necessary to remove the canula ; but if it be so, calm is immediately restored, and the patient may be submitted to a repetition of the operation at a future period."

Fistula in Ano.—We are at a loss to understand whence the Editors have derived the grounds on which they assert, in treating of the manner of dressing the wound, left after the division of fistula in ano, that "English surgeons have fallen into the same error as Ponteau, by contenting themselves with introducing a piece of lint between the edges of the wound, and removing it at the end of the third or fourth day. It is unnecessary to say that nothing can be farther from a correct representation of the practice employed in this country : every surgeon is well aware that the perfect cure is only to be effected by insinuating a portion of lint during the whole treatment, between the edges of the wound, so as to ensure its healing progressively from the bottom.

Passing instruments into the Bladder.—In speaking of the practice of the forcible introduction of instruments into the bladder, occasion is taken to condemn it in pretty strong terms.

"Since the time of Desault," say the Editors, "a great extension has been given to this precept, and to effect the object in view more easily, conical pointed catheters have been constructed. A modern author, more practised in writing than operating, has not scrupled to say, that it is better to make a false passage than to puncture the bladder, not considering that in the latter case, we at least know what we do ; whilst in reach-

ing the bladder by a false passage, it is impossible to foresee what course the instrument may take."

Aneurism.—In the third volume, aneurism, and the diseases of arteries are treated at great length, and numerous additions are furnished by the Editors, which, however, do not present much novelty, in the present state of surgery, being confessedly taken from the works of Hunter, Bell, Scarpa, Hodgson, and the subsequent ones of Beclard, Breschet, and others. They serve, however, to put the great advances of modern science within a very limited period, in a very satisfactory light. The following case by M. Dupuytren is in many respects interesting:—

"A woman, aged 66, entered the Hotel-Dieu, in April, 1810, with gangrene at the inner part of the right elbow, œdematous infiltration, and great weakness of the same arm, and a want of pulse on that side. She stated, that two months before, she had fallen and suffered much pain in the shoulder; that a surgeon whom she had consulted, had not discovered any fracture or dislocation; that the pain still continuing, she went to a bone setter, who told her that her arm had been dislocated, made violent extension from the wrist and elbow, and assured her she was cured; from that period, her arm had swelled, and that a slough formed at the elbow, where one of the ligatures had been applied. On the 21st day of her residence in the hospital, the patient complained for the first time of a tumour in the axilla, on the same side, the date of which she was unable to fix. It was large, raised the pectoral muscle and clavicle, and kept the arm at a distance from the body; it was but little painful, the skin over it was not changed in colour, it did not pulsate, and a deep fluctuation could be discovered. M. Dupuytren, then second surgeon, supposed it might be a chronic abscess, but felt some doubts on account of its situation. For several days, the tumour was attentively examined; it made progress, the pain increased, and fluctuation became very distinct. M. Dupuytren decided on opening it, but still doubting, resolved to make only a cautious puncture. He slowly and carefully plunged a long, narrow, and very fine pointed bistoury into its most prominent point; instead of pus, arterial blood escaped along the blade of the knife, which was gently withdrawn, so as not to enlarge the wound; the latter was covered with adhesive plaster, compress, and bandage; it was resolved to tie the subclavian artery, and this was actually about to be done, when the principal surgeon arrived; he passed his hand under the upper and front part of the bandage, and said that he plainly felt the beating of an aneurism. The bandage was removed, and no one, not even the surgeon himself, could discover it.

Doubts were again excited of the nature of the tumour, and it was supposed, that an artery of moderate size, might have been wounded in the side of an abscess. But ultimately, an indistinct pulsation, accompanied by a motion of dilatation, was discovered in the part of the tumour raising the clavicle ; and lower down in the axilla, an obscure rushing like that arising from the passage of the blood into an aneurism. After a time, two tumours were distinguished, a small one, situated along and below the clavicle, and pulsating ; another very large, fluctuating, and presenting the rustling already mentioned. M. Dupuytren proposed the ligature of the subclavian artery at its passage between the *scaleni* muscles, and executed his mode of effecting it on a subject, in presence of the principal surgeon, and a numerous assemblage of students, the surgeon refused his consent, and by that refusal deprived French surgery of the honour of having first performed that operation. Instead of inventors, as they might have been, French surgeons on this subject, are but the imitators of foreigners."

It is a pity, that this pathetic apostrophe to the sacrificed glory of "*la Chirurgie Francaise*," should rest on an unfounded assertion. Not to mention, that the principles which led to the daring practice of modern surgery in the treatment of aneurism, emanated almost exclusively from this country, every English surgeon well knows that Mr. Ramsden had tied the subclavian artery at St. Bartholomew's Hospital, in November, 1809, that is, some months before the occurrence of M. Dupuytren's case ; and M. M. Sanson and Begin must or might have known it also, as the case is inserted in Mr. Hodgson's treatise, which has long been translated into French, and which they have quoted on several occasions.

"The treatment of Valsalva was adopted, and one large bleeding was at once performed. For four days the patient was so weak, that it was impossible to repeat it. At the end of that time, some uneasiness having been felt in the tumour, the bandage was removed, and it was discovered that a slough, at least an inch in diameter, had formed. The issue of the case could be no longer doubtful. M. Dupuytren again proposed the operation, and it was again rejected. In the night, two students, who had been placed near the patient, perceived blood rapidly soaking through the apparatus ; they removed it, applied a plaster larger than that already there, to support the slough, which was detached at one point of its circumference, and stopped the bleeding, before two cupfuls of blood had been lost. The succeeding debility was such, however, that the patient died the next morning. The dissection proved that there

actually were two tumours ; one formed by the subclavian artery, dilated in two inches of its length ; the other, largest of the two, communicating with it, by means of an opening in the artery."

Excision of Hemorrhoids.—The most serious accident which can take place after the excision of internal or external hemorrhoids, consists in the occurrence of bleeding.

"When the blood escapes externally, its quantity can be easily appreciated, and proper measures taken to restrain its flow. It is not so when the hemorrhage is internal ; the patient then experiences a feeling of heat, fulness, and tension in the course of the rectum ; he has colic ; the pulse becomes weak ; the body pale, and covered with a cold sweat ; blood is expelled by stool ; and death often follows an apparently simple operation within a few hours. The tampon, and other foreign bodies introduced into the rectum, are generally unsuccessful ; they act by distending the lower end of the gut, and for that reason, increase the uneasiness of the patient, bring on tenesmus, and are soon expelled by the contraction they excite. M. Dupuytren, struck, on the one hand, with the extreme danger of internal hemorrhage in these cases, and on the other, with the almost invariable inefficacy of the means employed to relieve the accidents it causes, has for some length of time employed a process which has never disappointed his expectations. It consists in cauterizing, immediately after the excision of each hemorrhoid, the point from whence any considerable jet of blood proceeds. This is done with an olive shaped iron at a white heat, and does not add much to the pain the patient suffers. If we are not called until some hours after the appearance of bleeding, and if the point from which it proceeds has risen above the anus, the gut must be emptied by injections, and the patient directed to strain ; the mucous membrane will then descend, and it will be easy to cauterize the bleeding point. This process is followed by only moderate inflammation, which readily yields to bleeding, leeches, fomentations, &c. ; and in the majority of cases disappears spontaneously."

Erectile Tumours.—The Editors state, that M. Dupuytren has long described, in his courses of pathological anatomy, a structure before unnoticed, and which he calls the erectile tissue. It presents many of the same characters, with a similar structure, met with in certain organs, as the penis, clitoris, &c. : these characters are too familiar to require particular notice ; the structure in question constitutes *nævi materni*, and similar deformities. The nature of M. Dupuytren's claims is not very distinctly stated ; he certainly cannot be supposed to have dis-

covered the existence of the preternatural erectile structure, nor even to have shown its relation and similarity to that met with in the natural state of some organs. These are circumstances which have long been generally known. In considering the treatment, M. Dupuytren states, that the most advisable plan consists in cutting off the supply of blood by the ligature of the principal trunk proceeding to the part affected. Our readers are aware that such an operation has been twice successfully performed on the carotid, by Messrs. Travers and Dalrymple, in this country, and once since, in a case at St. Petersburg, by Dr. Arendt, an account of which will be found in another part of this Journal. M. Dupuytren, however, gives a caution, founded on the event of a case in his own practice, an event which we have often been astonished, should not have happened more frequently, when we reflect on the surprising facility with which the course of the blood is restored by anastomosis.

“We must not,” say the Editors, “reckon too much on the success of operations of this kind: the destruction or obliteration of the erectile structure, appears to depend on this condition, that the blood, after the ligature of the principal artery shall not be supplied in too great quantity by the anastomosing vessels, before the adhesion and consolidation of the areolæ, of which the disease is composed, are accomplished. But if we are to judge from the event of some cases, this result cannot always be easily obtained. A man presented himself at the Hotel Dieu, with an erectile tumour developed in the concha of the right ear, and including all the skin and subjacent cellular tissue of that part: the lobe of the ear was three times thicker than natural, of a violet red colour, and presented an alternate dilatation and subsidence, isochronous with the pulse. When compressed, it resumed its natural size, but when the pressure was remitted, it again became tumid. Pressure on the neighbouring arteries did not at all affect it. Compression of the common carotid was followed by the subsidence and decoloration of the tumour, which resumed its usual state, when the pressure was remitted. Having ascertained these circumstances, M. Dupuytren decided on tying the right common carotid. The operation did not present any thing remarkable; the tumour quickly subsided, lost its high colour, ceased to pulsate, and every thing promised complete success. These favourable appearances lasted only a few days, after which time, the disease returned with nearly the same intensity as before the operation.”

On this account, M. Dupuytren considers excision as the only

infallible means of effecting a cure. It is evident, however, that, from the situations in which the disease sometimes makes its appearance, the application of that remedy is liable to considerable limitation. M. Dupuytren states, that the erectile structure has a very great tendency to re-appear, and on that account, it is necessary, in the operations undertaken for its removal, every portion should be carefully removed.

Polypi of the Nose, &c.—It results from the observations of M. Dupuytren, on a great number of cases, that most of the fleshy polypi, which, originating in the nasal fossæ or the maxillary sinus, make their way by separating or perforating the bones into the orbit, the temporal, and zygomatic fossæ, or even into the cranium, are, in the first instance, of a fibrous nature; and that when they become fungoid, carcinomatous, or bleeding, these degenerations always commence at the part most distant from the pedicle, and when developed in a tuberculated form, shew themselves externally, either at the anterior or posterior opening of the nasal fossæ, or through a perforation of the maxillary sinus. In the extraction of polypi by the forceps, M. Dupuytren states, that great advantage is gained by introducing two fingers into the posterior part of the mouth. They support the polypus, prevent it from receding, place it in the grasp of the blades, and spare the patient the fatigue of repeated attempts. When a polypus extends towards the anterior part of the nasal fossa, it stretches and separates the articulations of the bones, but fails in distending the opening in the integuments, which is strengthened by a fibro-cartilage, incapable of yielding: the consequence is, that whether the polypus has partially protruded, or still remains within the nose, it is often too large to pass through the fibro-cartilaginous opening. In such cases, M. Dupuytren does not hesitate to make a dilatation by dividing the ala of the nose to a considerable extent, and thus renders the operation of extracting the polypus more easy to accomplish. Large polypi are generally of very irregular figure, being composed of a certain number of divisions, moulded upon, and corresponding to the form of the parts in which they are situated.

“If a polypus,” say MM. Beclard and Sabatier, “project at the same time from the anterior and posterior nares; if, after having penetrated the maxillary sinus, it has made its way through the sides of that cavity, it is indubitable that the portion occupying the dilated nasal fossa, that in the maxillary sinus, that which protrudes from the nose, and that which hangs into the pharynx form so many irregular lobes, distinct and separated by depressions corresponding to the openings through

which the tumour has successively made its way. Hence it is evident, that it would be impossible to extract at once and at one part, a tumour so irregular; and that it must be destroyed in succession and from different directions. In conforming to this precept, however, we must not, like timid and inexperienced practitioners, waste time in pulling away the polypus piecemeal, and in small portions at one time. The tumour must be attacked in its principal divisions, neglecting the minor ones, which are easily removed with the first. Thus in the case above supposed, two operations would generally suffice; one, on the portion of the polypus contained in the maxillary sinus, after having perforated it, or enlarged an opening already existing; the other, by pulling away the portion in the nasal fossa, with or without dilating the nasal opening to facilitate the application of instruments."

The greatest danger attending the pulling away of polypi, lies in the possibility of hemorrhage. When the maxillary sinus is laid open, the blood may, in fact, make its escape in three ways at once.

"On that account, M. Dupuytren commences by passing a double thread from the pharynx into the nose, allowing one end to hang out of the nostril, the other out of the mouth; to the latter a plug is attached. Heated irons are prepared, and several balls of charpie powdered with colophony. If hemorrhage happens, an assistant pulls the thread with one hand, and when the plug is thus fixed against the posterior opening of the nares, compresses with the other the end of the nose, whilst the operator stops the bleeding from the sinus either by cautery or by plugging. The apparatus is completed by fixing a plug against the anterior opening of the nostril, and securing it there by tying the ends of the double thread over it."

Induration of the Tonsils.—Besides the ordinary consequences of this affection, M. Dupuytren has observed in young children a very singular occurrence, viz. a very constant coincidence of the disease with a peculiar deformity of the thorax, which becomes rounded and arched behind, contracted in front, and flattened at the sides. This deformity, M. Dupuytren attributes to the energetic efforts made by the muscles of inspiration to overcome the obstacles opposing the passage of air into the lungs, and it exists so frequently in combination with enlargement of the tonsils, that he has often announced the existence of one, from having detected the presence of the other. To prevent his occurrence, it is therefore of importance to perform the operation at an early period. The Editors state, that it is a mistake to suppose that the excision of the tonsils is more

difficult in young subjects than in adults. By making some promise they may be induced to open their mouth, and when once they feel the gland seized, the fear of pain prevents them from moving so as to disturb the operation : M. Dupuytren recommends it to be done in the following way :—

“ The child, surrounded by a sheet which confines his arms, is placed on the knees of a strong assistant, who fixes his legs by crossing his own, confines the hands to the thighs with his left hand, whilst with the right, placed on the forehead, he holds the head back, and rests it on his chest. Another assistant depresses the tongue with a spatula, whilst the operator seizing that part of the gland which projects beyond the pillars of the pharynx with a pair of forceps, cuts it away with a straight probe-pointed knife, (having the edge covered with linen to within two inches of the point) and in a direction from below upwards.”

Uterine Polypi.—In this disease, M. Dupuytren recommends excision in preference to every other mode of treatment. To operate in this manner, the patient being suitably placed,

“ The surgeon begins by ascertaining whether or not the polypus has contracted adhesions with the surrounding parts ; if any exist, they must first be destroyed by very long, strong, curved scissars, with blunt edges, which bruise the parts they divide, and so prevent bleeding. The tumour must then be grasped with strong forceps, and drawn without the vulva, of whatever size it may be, and even though a laceration of the external parts should be the consequence. That done, the pedicle appears, and nothing remains but to cut through it, either with a knife, or the scissars already mentioned. If, however, the presence of any large vessels should be indicated by pulsation in the pedicle, it is evident that it should not be cut through until a ligature had been placed upon it to prevent the occurrence of bleeding. M. Dupuytren, however, has never found this necessary. After this operation, which causes little pain, the uterus regains its situation ; the bleeding, which is slight, stops of itself ; all discharge ceases immediately, and the patients recover in a few days.”

Castration.—To render this operation more speedy and easy, M. Dupuytren, whether he intends to make a simple incision in the integuments, or to remove an oval portion of them, commences by making them tense on the front of the tumour, grasping the latter behind, and at the sides with the thumb and fingers placed in opposite directions, and pushing it from behind, forwards, as though to press it through the skin. Scarcely is the incision large enough to admit the passage of the testicle,

before it slips out like a kernel from its shell. It is then drawn up, detached by some strokes of the knife, and removed, the cord being secured by an assistant. "It is difficult," say MM. Sabatier and Beclard, "to form an idea of the quickness with which an operation performed in this way may be finished."

Cancer of the Cervix Uteri.—The operation of excision, in this disease, has, of late years, been often performed on the Continent, and with a degree of success, not generally understood in this country. According to M. Dupuytren, it presents two different forms, which determine the choice between excision and cauterization.

"In the first, the neck of the uterus has retained sufficient firmness to admit of being fixed by pointed forceps, and the disease is not so far advanced but we may be sure of cutting into the sound parts; in the second, the parts are softened and rendered so friable by the progress of disease, that it is impossible to grasp and fix them: the first case allows of excision; the second requires cauterization." "To perform excision, there are wanted a speculum uteri, of a size proportioned to that of the vagina, a pair of hooked forceps, a crooked knife with two cutting edges, or more commonly, a pair of long, curved, and strong scissors, with fine edges, a small cautery, charpie, compresses, and a T bandage."

"The patient being placed on the edge of a bed, with the legs bent on the thighs, and the thighs on the pelvis, the operator introduces the speculum and gives it to an assistant to hold: he then, taking the forceps in his left hand, grasps and draws gently down all that part of the neck of the uterus which is diseased, and cuts it away either with the knife, or better with the scissors, carried alternately upwards, downwards, or to the sides, and operating as far as possible on the sound parts.

"This process differs from that of M. Oslander, of Gottingen, who first performed the operation, in so far, that he did not use a speculum, and that he began by passing two loops of thread through the os uteri to fix it, instead of the pointed forceps of M. Dupuytren. In general, the flow of blood may be left to itself; but if bleeding continue from any one point, it must be stopped by cauterizing the orifice of the vessel; if it escapes from an extensive surface the vagina must be plugged.

"In destroying the disease by cauterization, the first step is to remove all the vegetations which cover its surface: this, M. Dupuytren does either with the curved scissors, or with a sort of steel spoon with cutting edges, or with a plate of steel, slightly curved square, with the angles rounded off, having a cutting edge on three sides, the fourth fixed into a handle. By means

of these last two instruments, which act not only like knives, but like scrapers, M. Dupuytren has often scooped carcinomatous vegetations out of the interior of the uterus, and so facilitated the action of caustic. The caustic employed may be either solid or liquid: the former consists of pure potash, moulded into cones, the base being an inch thick, and the point blunt; the cone is fixed in a strong port-crayon, and the diseased surface is touched with the point or thick part according to circumstances. The liquid caustic is a solution of nitrate of mercury in nitric acid, from two to four drachms of the salt to an ounce of acid. Whichever of the two caustics is employed, the first step is to place a roll of charpie below the ulcerated surface, in order to absorb the portions of caustic which run off during the application, and which might act upon the vagina: this done, the diseased surface is carefully wiped, in order to dry it and to discover its disposition. The application of the caustic is continued for about a minute, unless the patient suffers great pain, which is not common. The operation is finished by a copious injection, which washes away all the loose portions of caustic." "At the end of four or six days, when the irritation has subsided, and the sloughs are detached, the operation is repeated, and as often afterwards as the appearance of the part requires."

Metritis and peritonitis are more to be feared after cauterization than after excision, but according to M. Dupuytren, the most effectual way of preventing them, is to put the patient into a warm bath, immediately after the operation.

We pass entirely over the subject of hernia, although the additions from the practice of M. Dupuytren, contain much curious and valuable information. Independent however of its extent, the greater part of it has been already communicated to our readers in the Review of Breschet on Hernia, in our second Volume.

Prolapsus Ani.—M. Dupuytren has invented a mode of operation for the radical cure of this disease, by which the danger of hemorrhage attending the excision of folds of the mucous membrane, or of hemorrhoids, is obviated. It consists in seizing, with a flat pointed pair of forceps, some of the folds of skin converging from the circumference to the centre of the anus, and cutting them away with a curved pair of scissors. He has cured many individuals by this process, which never fails when a sufficient number of the folds about the anus are removed, and when the excision extends sufficiently high along the rectum. If any considerable bleeding should take place, which however has never happened to him, he recommends the actual

cautery in preference to the plug, on which he places little reliance.

Operations for Cataract.—The Editors appear to have put forth some opinions on this point, which are far from being generally consented to. They say, for instance, that “the Academy of Surgery, and those formed in that school, had decided in favour of extraction, and had proscribed depression. During the last twenty years, on the contrary, depression has been more generally practised, and in its turn tends to cause the abandonment of extraction.” This statement appears to be grounded on the adoption of an error which, though often refuted, still exerts considerable influence, viz. the supposition that any one mode of operation is preferable absolutely to all others. It is evident, that often as the leading principles in the choice of cataract have been stated, they are still imperfectly understood. We grant that the Editors profess to recognize the principles in question, and which it is not our business to expose at present; but their subsequent opinions clearly shew, that in this respect they have deceived themselves. Extraction, depression, and division, are each applicable to a distinct class of cases, and cannot be indiscriminately performed with general advantage. The Editors confess, that the authority of names does not afford any assistance in fixing the superiority of any particular operation absolutely: it is as easy to find advocates of eminence for depression as for extraction, and *vice versa*. However this may be, it is evident that depression is the operation chiefly employed by M. Dupuytren, and which has been attended with the most favourable results in his hands. The Editors have given some valuable numerical statements: of 206 operations (extraction we suppose) by Daniel, 182 succeeded, or the successes to the failures were as 77-12 to 1: but the correctness of this admits of doubt. Richter cured 7 out of 10, and Sharp five out of 10, both by extraction. M. Roux, in 306 operations by extraction, obtained 188 cures; and of 177 patients operated on in one or both eyes, 132 recovered. According to M. Tartra, 43 operations by depression, performed at the Hotel-Dieu, between 1806 and 1810, gave 24 perfect, and 4 imperfect recoveries, whilst 70 cases of extraction gave only 19 perfect, and 6 imperfect recoveries. From 1814 to 1823, there came under the care of M. Dupuytren, at the Hotel-Dieu, 306 cases of cataract, precisely the number of M. Roux: of these, 265 were operated upon by depression, 7 by extraction, and 9 by keratonyxis; 25 were not operated upon: 216 of these operations were followed by complete recovery; 25 patients left the hospital in an improving state, and 40

remained as before. In clearer terms : of the operations by M. Roux, 3 in 5 succeeded : in those recorded by M. Tartra, the recoveries by extraction were to the failures, as one to 2 1-8 ; by depression, as 1 to 1 1-3 : in those performed by M. Dupuytren, as 6 1-40 to 1. It is impossible to deny that the latter results are favourable in the highest degree ; and it might be inferred, that this success was connected with the predominance of depression over extraction, and other operations in M. Dupuytren's practice, a predominance which, we think, justifies us in supposing that his choice could not have been guided by any fixed regard to the circumstances of individual cases ; but we are inclined to believe that the great success is attached not so much to the operation as to the operator, and that with equal attention, equal science, and equal manual dexterity, almost any other operation would prove equally favourable. If this be the case, as we believe it to be, it is clear that the conclusion drawn by the Editors is too general ; precisely the point we wished to establish : we have preferred arguing the point with them, solely on their own data ; but it should not be forgotten, that they rest at most on the experience of one set of men only, and that they are, in a great measure, opposed to the opinions of the best surgeons of Germany, Italy, and our own country.

Lateral operation of Lithotomy.—M. Dupuytren has simplified the operation performed with the knife, so as to effect it all at once :—

“The staff being introduced, and held perpendicularly with the left hand, a long bladed knife is thrust through the integuments into its groove ; the handle of the staff is then raised and carried forwards, whilst the knife, with its point still kept in the groove, is pushed on as far as the prostate and neck of the bladder. Its handle is then depressed, and the division of the external parts finished on withdrawing it. This process appears alarming ; it proceeds well on the dead subject ; but though M. Dupuytren has employed it with success on the living subject, prudence directs that the parts should be regularly and successively divided.”

In 1816, M. Dupuytren suggested a mode of operation similar to that of Dr. Thomson, of Edinburgh, and in which the prostate and neck of the bladder were divided by means of the lithotome cache directly upwards, towards the symphysis pubis ; the advantages proposed were the remoteness of the internal incision from the rectum, and from any large vessels ; but it was found that the external wound was small, not correspondent with the internal, and the operation was followed by serious in-

inflammation of the cellular substance about the neck of the bladder, attributed by the Editors to the force necessary for the extraction of the stone, instead of the infiltration of urine consequent on the indirect course of the wound, which there can be little doubt was the true cause. M. Dupuytren therefore abandoned the operation. The Editors do not give any details of its results in numbers, but it has been elsewhere stated, that five out of seven cases perished from the causes we have pointed out.

Recto-vesical operation of Lithotomy.—This operation, of which M. Sanson is the suggestor, is, as might have been expected, defended and recommended with all the warmth of a man attached to his own opinions. A comparison is drawn between its results, and those attending the various other operations: but of these the lateral, or lateralized, as the French call it, is the only one of importance, or with which we are at present concerned. The objections made to it by the Editors consist in the danger of hemorrhage, and inflammation arising from the force necessary for the extraction of the calculus. What the reason may be, we will not pretend to say, but from many statements on the subject, it would appear that alarming and even fatal hemorrhage after the lateral operation is much more frequent in France than we find it to be in this country; we do not at all intend to say that it is unknown among us, but merely that it is not uncommon; and that when it does occur, it is for the most part easily explicable, from the imprudent direction of the edge of the knife or gorget, transversely or upwards in the narrowest part of the arch of the pubes, and the consequent division of the pudendal artery. In the operation with the knife, or even with the gorget when properly directed, nothing can be more clear, than that there is not any vessel wounded of such a size, as to cause bleeding to a great extent. The assertion that the lateral operation is succeeded by inflammation of the cellular substance; from the impossibility of making an opening of sufficient size to extract the stone must be decided by facts and experience; and we have no hesitation in stating that it has been fully proved in this country, that an incision of the prostate and neck of the bladder, may be safely made of a sufficient extent to admit of the extraction of very large calculi: this applies only to the operation with the knife. it is true; but let it be recollected that with the knife alone, it is the operation of Cheselden, the real lateral operation. But we do not think, that even when inflammation of the cellular substance does happen, it is the consequence of the force used in extracting the stone, but rather of the indirect and imperfect

issue left for the escape of urine. The Editors state the fatality of the lateral operation as one in five, or even four, and certainly with such results it is not surprising that they should recommend another; but putting the success of Cheselden and Martineau out of the question, as being above the real average, we think they have over-rated the mortality.

The principal objection to the recto-vesical operation consists in the danger of permanent fistula between the rectum and bladder; the frequency of this accident is denied however by the Editors; and they state that of thirty cases in France, but two ended fatally; and that fistulæ, which must not be considered incurable, remain in five or six only. They say that M. Dupuytren has performed it, but they do not state whether he continues still to do so, nor indeed do we find any indication of the kind of operation now preferred by that surgeon. Their silence on this point would lead us to suppose that he had abandoned the operation they recommend so strongly.

Amputation—M. Dupuytren objects altogether to the practice of dividing the skin, the superficial, and the deep-seated muscles by distinct incisions; according to him it is making three or four amputations of one limb; he thinks it better to cut at one time, and with one incision, the integuments, which are drawn up by an assistant, and all the muscles down to the bone: then, allowing the retraction of all the parts, and an assistant still drawing them up, the adherent muscles are cut through, and the bone sawed on a level with them. The operation is thus performed with great rapidity, and with only two incisions.

Amputation of the Shoulder Joint.—M. Dupuytren proposes two operations for this purpose, one of which we give.

“The arm being raised so as to form a right angle with the body, the heel of the knife is placed a little below, and in front of the point of the acromion: from this all the posterior parts of the shoulder are steadily divided by one incision, including the posterior fold of the axilla: a flap is thus formed, which being raised, exposes the posterior part of the joint: the elbow is then inclined forwards against the thorax, and the head of the humerus being thus made prominent, the tendons and back part of the capsule are divided upon it. The knife then turns round the head of the bone, from behind forwards, and the operation is finished by making the anterior flap, the artery being compressed in it before it is divided.”

Amputation of the Fore-Arm at the Elbow-Joint.—“The fore-arm being slightly bent, a straight double-edged knife is thrust transversely in front of the articulation, from one condyle of the

humerus to the other, and a flap made from the upper part of the fore-arm. The flap being raised, the capsule and lateral ligaments are divided by a second incision, and the operation is concluded by sawing through the olecranon, or dividing the tendon attached to it. The vessels being tied, the flap is carried from before backwards over the end of the humerus, and fixed by strips of plaster."

M. Dupuytren recommends the olecranon to be sawn through, as it then continues to afford a solid attachment to the tendon of the triceps.

Amputation of the Metatarsus at its junction with the Tarsus.—This operation was first methodically described by M. Lisfranc, who gives the following directions for performing it. It must be premised, that the line of the tarsal articulations of the metatarsus is marked at each extremity by the projections formed by the ends of the first and fifth metatarsal bones, and the internal extremity of this line is placed half an inch more forwards than the external.

"The extremities of this line being ascertained, the surgeon places the thumb and fore finger of his left hand on them, grasping the plantar surface of the foot. He then makes an incision on the dorsal surface, half an inch in front of the joints; the integuments having retracted, he divides the tendons of the extensor muscles. The knife, which should be small, strong, and sharp, is then carried behind the tarsal extremity of the fifth metatarsal bone, and its point brought from the outer side inwards, and from behind forwards, as far as the second metatarsal bone, where it stops. The three joints over which it passes are easily opened, and only their dorsal ligaments are to be divided. That done, the knife is to be carried to the inner side of the foot, where the joint of the first metatarsal bone, with the cuneiform, is to be cut into a direction from the inner side outwards, and from before backwards. It only remains to disarticulate the second metatarsal bone: for that purpose, the point of the knife must be introduced below, into the space separating the first cuneiform from the second metatarsal bone, and the handle of the knife being depressed, the strong ligament connecting these two bones is to be cut through. The rest then becomes easy: the joint is opened from its dorsal surface; the half detached part of the foot is depressed; the inter-articular ligaments cut through, and the knife placed horizontally below the posterior extremities of the metatarsal bones. Being then carried forward in close contact with them, a lower flap is made, longer on the inner than on the outer side, and capable of covering the exposed surfaces of the tarsal bones."

The Editors admit that this operation is difficult to perform, until it has been rendered familiar by infinite trials on the dead subject. It may be doubted whether this will not more than counterbalance the advantages it possesses over the operation of Chopart, and the modifications of it commonly practised. The greatest of these advantages appears to be the greater length of the stump, from retaining in it the last row of tarsal bones.

The unusual length of this article warns us to conclude ; but the number and extent of our extracts may serve, though very inadequately, to give some idea of the quantity of valuable matter which the additions to this Edition contain. Had our limits permitted, we should have had little difficulty in selecting other subjects of interest and importance, fully equal to those we have already presented to our readers.

MONTHLY SUMMARY

OF PRACTICAL MEDICINE.

I. ANATOMY AND PHYSIOLOGY.

DR. BOSTOCK on the sensibility of Membrane.

With respect to the sensibility of membrane, considered as a matter of fact, independent of any speculation concerning the nature of organization or vitality, the opinions of physiologists have been various ; and it was especially the subject of a warm controversy, about the middle of the last century, between Haller and Whytt. As is often the case in points of this nature, the question has been decided by a kind of compromise : it is generally admitted, with Haller, that simple membrane is insensible in its healthy and natural state, but that it is liable to inflammation, and that it then becomes sometimes exquisitely painful. The cause of this fact, the excessive degree of pain, which are excited by disease in parts that are at other times without sensation, is, perhaps, not altogether understood. We may remark concerning it, that one effect of inflammation is to enlarge the bulk of the inflamed part, and the pain is generally in proportion to the difficulty with which the part admits of this extension. A high degree of inflammation may exist in loose cellular texture, and we may be scarcely sensible of its

existence ; while the inflammation of the periosteum of the smallest bone, as of a tooth, of the sclerotic coat of the eye, or of the tense membrane about the finger-nail, will be almost intolerable. In these cases, we shall probably always find that, even if the inflamed part be without nervous filaments, which give it sensibility, still there are some branches of nerves immediately contiguous to it, which, in consequence of the firmness of some of the neighbouring parts, are pressed upon and irritated, while the blood vessels connected with them, are in a state of plethora ; for it seems to be a general law of the animal economy, that no cause is more powerful in producing pain, than a certain degree of pressure upon a nerve, while its sensibility is augmented by an unusual determination of blood.

It is probable that much error and confusion took place on the subject of the sensibility of membrane, among the anatomists and physiologists after the revival of letters, in consequence of their blind veneration for the ancients. Hippocrates, who had but an imperfect knowledge of the existence and use of nerves, confounded them, (or at least placed them in the same class) with the tendons, from some similarity in their visible structure and appearance ; and, having observed very serious effects to ensue from injuries of the proper nerves, he laid it down as a maxim, that tendons and other membranous parts are among the most sensible organs of the body. This erroneous opinion materially influenced, not only physiological speculations, but medical and surgical practice, even as late as the middle of the last century, long after the distinction between nerves and tendons was thoroughly understood. Even Boerhaave fully subscribed to this doctrine, in which he was fully seconded by his learned, but obsequious commentator, Van Swieten ; and the influence of the old hypothesis upon our language, may still be observed in the present day.

John Bell, in his usual animated and impressive manner, describes the dreadful effects which this opinion concerning the great sensibility of membrane formerly produced in the operation of lithotomy. As the bladder principally consists of membrane, it was agreed by all the learned operators, for a succession of ages, that it would be improper to cut or divide any part of it ; and, therefore, in order to extract the calculus, a variety of instruments were employed for the purpose, as it was said, of dilatation, but which, in fact, caused the most cruel laceration of the organ itself, and of the neighbouring parts. It is truly astonishing to observe how the weight of authority bore down the clearest dictates of reason, and the most decisive results of experience ; and how the most obvious facts were warped and

misconstrued, before mankind would submit to prefer the evidence of their own senses to the mere hypothetical opinions of the ancients.

From these remarks it will appear that, except bone, membrane may be regarded as the most simple in its properties of all the organized parts of the body. By this expression, I must be understood to mean that the properties which belong to it are likewise found in many other natural objects. Cohesion necessarily belongs to all solids, while flexibility, extensibility, and elasticity, are possessed by many vegetable and some mineral substances, and also by dead animal matter; whereas, spontaneous contractility and sensibility are the exclusive properties of the living body. We are, however, as much unacquainted with the intimate nature and immediate cause of the properties of membrane, as of contractility and sensibility; only we are much more familiar with these operations."—*Lond. Med. and Phys. Journal.*

II. SURGERY AND MIDWIFERY.

MR. SNELL'S Case of Fracture and Exfoliation of the lower Jaw, following the Extraction of a Tooth.

In November last, an apparently healthy countryman applied to me with a swelled head and face, accompanied with a highly offensive discharge of sanies from the mouth, produced by the exfoliation of a large portion of the lower jaw. He stated that on the 7th of September, he had requested a medical gentleman in the country to extract one of the teeth in the lower jaw. After applying the instrument, and using considerable force, the crown of the tooth was snapped off. A second, though unsuccessful attempt, was made to extract the remaining portion, when the patient desired the operator to desist, as he distinctly felt the jaw crack under the last application of the instrument.

A third attempt, however, being persisted in, the stump was at length removed. Most severe and lancinating pain, which extended over the whole of that side of the head, followed the operation. On the following day, his face, eyes, and head, were highly tumefied, the pain being most excruciating. These distressing symptoms continued to increase in violence during several days, when an abscess formed at the symphysis of the jaw, which pointed and burst externally. The orifice soon healed, and the matter passed into the mouth through several openings. It was at this period I first saw him.

Upon examining the mouth, I found a large portion of bone rapidly exfoliating, extending from the anterior incisor to the ascending spine of the coronoid process, comprising the whole base of that part of the jaw. The mouth was horribly distorted, the integuments having retired almost wholly from the portion of bone ; the whole being accompanied by a constant discharge of offensive matter, which, mixing with the saliva, dropped constantly out of the corner of the mouth. In six weeks, the bone became sufficiently loose to be removed, which was readily accomplished, though attended with some considerable bleeding, which was soon, however, stopped by proper styptics. I directed for him lotions of infusion of roses, with borax and tincture of myrrh, to be used to the mouth frequently. Healthy granulations were soon observable, and the part near the symphysis quickly healed. A considerable discharge was still kept up from two different sinuses, at the posterior part of the remaining jaw. These were dilated into one, and injections of diluted nitro-muriatic acid were used frequently. During the following week, two smaller pieces of bone were extracted. The whole of the left side of the jaw, from the symphysis to the angle of the base, being now removed, mastication could not be performed but in the most imperfect manner on the healthy side. As the parts gradually healed, a substance of a cartilaginous consistence could be distinctly felt, situated between the divided ends of the bone. The head was now bound up, so that the remaining parts of the jaw might be kept as nearly as possible in their natural situation ; and the former lotion, with *infus. rosæ*, was substituted for the acidulous one. The substance between the ends of the bone gradually increased in size and firmness ; and in a fortnight, the cavity left by the exfoliated bone was filled up. Union having now taken place, mastication was performed with scarcely any inconvenience. The discharge soon ceased, and the patient got well. Deformity of the countenance was very trifling, being scarcely perceptible. One principal peculiarity in this case was the rapidity with which Nature effected the process of exfoliation and reproduction.—*Lond. Med. Repository.*

DR. HAYMANN'S *Case of Amputation of a portion of the Scapula.*

The patient, a young man of 22, had, in his 17th year, violently contused the left shoulder-blade by a fall, and again injured it three years afterwards. Two years from the last peri-

od, a painful swelling began to form, which soon reached the size of a fist. A seton was introduced, but only tended to accelerate its growth. At the end of five months the bulk of the swelling was enormous; it was a foot long, nine inches broad, and raised eight inches above the surface of the back: It was immoveable, and concealed all the scapula, excepting the acromion. The patient was reduced and hectic. The opinions of the surgeons in Coblenz were divided, but Dr. Haymann resolved on removing the disease, and proceeded to do so, May 13th, 1823. As soon as the skin on the surface of the tumour was divided by two semilunar incisions, and the subjacent tendinous expansion cut through, it became evident that the swelling was connected with the scapula, or rather that it grew from its substance. It was now cut from the bone with a strong knife, the surface of the incision presenting a jelly-like appearance, mixed with fragments of bone. The spine of the scapula was then obliquely sawn through, so as to leave the acromion and a portion of the scapula above the spine, removing the inner half of the spine, and the whole of the upper and inner angle of the bone. The tumour weighed ten pounds. The loss of blood was considerable, and the patient fainted: the dorsalis scapulæ, the branches of the transverse, circumflex, and subscapulary arteries, however, though divided, did not bleed much, and did not require ligature.

The greater part of the muscles covering and attached to the scapula were removed with it, and some remaining portions of the tumour required to be removed. The ribs could be clearly perceived in this large cavity left by its excision. It was filled with rolls of charpie, the edges brought together with adhesive plasters, &c. In the evening the patient had recovered from his depression. On the fourth day, when the dressings were removed, the wound had a tolerable appearance, and the edges could be approximated. Some small exfoliations took place from the edge of the bone, where it had been sawn, but the greater part of the wound healed favourably. In the eighth week it was nearly closed, and the patient strong and healthy. The upper arm could be freely moved in most directions; its elevation only was impeded.—*Anderson's Quar. Journal.*

III. PATHOLOGY AND THERAPEUTICS.

DR. BAYLE on the Pathology of the Gout.

This active inquirer has published in the *Revue Medicale* an

excellent paper on gout, of which we do not think the worse, that it leans to the humoral pathology. We shall here give a short abstract of his doctrines.

“ Small calculous deposits have been found in the lymphatic vessels of gouty subjects. Their perspirations sometimes form concretions, and become a substance of the same nature. Morgagni, Alberti, Pater, and others make mention of gouty persons who voided substances resembling plaster, gypsum, and lime, in expectoration, by the anus, the ears, and indeed the whole surface of the skin. All these facts, which we could multiply, tend to prove the proposition which we have advanced, viz. that the gout is a specific disease, *sui generis*, consisting in a particular alteration of some one of the humours, or in the formation of a particular morbid fluid.”

“ 2. Gout may affect every organ, and all the tissues, although it more frequently attacks some than others. It is then, a general disease, rather than exclusively belonging to one organ, or set of organs.”

“ 3. The symptoms by which it manifests itself are inflammations, neuroses, hæmorrhages, phenomena extremely varied, which may exist alone, in succession or alternately, according to the intensity of the complaint, its regularity or irregularity, the predisposition of the patient, the influences to which he is exposed, and the state of his temperament. Gout is, then, strictly speaking, neither inflammation, neurosis, nor any organic lesion.”

“ 4. Numerous circumstances, as the predisposition of the patient, a delicate constitution, a great nervous susceptibility, venereal excesses, long continued irritations of the stomach, influence of a debilitating atmosphere, &c. may render the diagnosis of gout very difficult, by giving to it at one time the form of a neurosis, or of a succession of neuroses; at another time of gastritis, or gastro-enteritis. In the first case, the nature of the complaint may be recognized by the hereditary predisposition, the shifting of the nervous symptoms, which, for the most part, only affect one organ at a time, and which leave one part completely, to develop themselves in another; which are observed alternately in the head, the chest, the abdomen and the limbs, which have an evident connexion with the wandering pains, and swelling of the joints to which the patients are subjected, disappearing or diminishing when they are present, and *vice versa*. In the cases of gastritis, of enteritis, or gastro-enteritis occurring in old subjects, the diagnosis may be formed by some of the characters which we have pointed out, to which may be added the following:—The gastric symptoms

of the complaint are always accompanied with vomiting, and frequently exist to such a degree, as cannot be at all accounted for by the state of the general health; they are sometimes replaced by nervous symptoms, or an affection of the joints; they often continue for a long time, without destroying the life of the patient, like ordinary gastritis, and preserving the same degree of acuteness."—*Anderson's Quarterly Journal.*

DR. MAURY'S *Experiments on the Treatment of the Itch.*

An extensive series of experiments on the comparative advantages of the different methods of treatment proposed for the itch, has been made, under the direction of Dr. Maury, physician to the hospital of St. Louis. The points to be ascertained were, the length of time required,—the expense of the medicines,—their effects upon the skin,—and their comparative degrees of convenience with regard to the linen of the patients. The subjects of experiment were selected;—that is to say, those only were chosen, in whom the nature of the eruption was quite unequivocal, and who had not previously made use of any external application, nor internal remedy.

Twenty-one formulæ, with their results, are given: we subjoin four of those which appear to have cured the disease in the shortest period.

1. Camphorated liniment, of M. Vardy; composed of two ounces of olive or almond oil, and two drachms of camphor. Mean duration of the treatment, 13 3-10 days. This medicine is too expensive for habitual use at a hospital; it stains the linen; the smell is not unpleasant; it effects the cure without irritating the skin, and the itching is much relieved by the first application. It is recommended as a good remedy for private practice. The compound liniment of M. Fournier differs from the preceding, only in the addition of two drachms of liquid ammonia, and the combination is favourably spoken of. The medium length of time required for the cure being reduced to 11 4-10 days.

2. Sulphur pomatum, of M. Helmerick: sublimed sulphur, two parts; purified potass, one part; lard, eight parts. Two frictions are made in the day, using two ounces of the pomatum for each. Mean duration of the treatment, 11 7-10 days. The price of this is moderate; it soils the linen, from the excess of fat over the alkali; has some smell, but does not incommode the skin, and effects a speedy cure. It differs little from the

“pommade sulphuro-alkaline,” employed at the hospital of St. Louis.

3. Pomatum proposed by M. Melier : subcarbonate of soda, two ounces ; water one ounce ; olive oil, four ounces ; flowers of sulphur, four ounces. Dissolve the subcarbonate in the water, and add the oil, so as to make a soap ; then add the sulphur by little and little, carefully mixing it. Of this, two ounces are to be used for each friction, and these to be employed twice a day. Mean period required for the cure, 13 7-10 days. This method presents the advantage of an oil and alkali united in such proportions as to form a soap, by which means it is prevented from staining the linen, and cures the eruption without irritating the skin. It is not without smell. It is suggested that camphor might be substituted for the sulphur, in the proportion of four drachms to the quantity above mentioned.

4. Sulphureous baths. To a common bath add four ounces of the sulphuret of potass. Mean time required for the cure, 17 3-10 days. This method is very gentle, effecting the cure without inconvenience, but slowly, and not suiting every patient. The bath may be rendered more active, and the cure more speedy, by adding a little sulphuric acid. It is expensive, however, and can scarcely be employed but on a great scale.

5. Sulphureous fumigations. Fumigations with sulphureous acid are employed at the hospital of St. Louis. The mean time required is 21 4-10 days. This method has been too much praised : it is expensive, and produces the cure but slowly. Many patients are unable to support it ; it fatigues the chest when the lungs are weak. It is free from odour and uncleanliness ; but these advantages do not compensate for the tediousness of the treatment. Spirituous fumigations are still less efficacious.

6. Decoction of tobacco ; made by putting two ounces of tobacco in a pound of water, and bringing it to the boiling point. Two lotions were employed every day, consisting of half a wine glass-ful each. Mean time required 20 2-10 days. This method is expensive, and not altogether free from inconvenience, as several instances occurred of nausea and vertigo, while the odour proved harassing to some of the patients.—*Lond. Med. and Phys. Journal.*

IV. MATERIA MEDICA AND PHARMACY.

MESSRS. PELLETIER and CAVENTOU, on the *Upas Tieute*.

In the course of a chemical examination of the two poisons called upas, by Messrs. Pelletier and Caventou, these gentlemen not only extracted from the upas tieute a considerable quantity of strychnine, but were enabled to correct an error into which they had been led with regard to the characteristic of this principle. They found that the property of being reddened by nitric acid, did not belong to the strychnine itself, but to a yellow substance that accompanies it. This discovery prompted them to inquire whether the reddening property ascribed to brucine and morphine might not be owing to some analogous cause; but after a considerable number of experiments they were satisfied that it was invested in these principles themselves—however white, or however highly purified, they are always reddened by nitric acid. In order, however, to distinguish between these cases, the one or the other must be heated till the red colour disappears, and then a sufficiently strong dose of hydrochlorate of protoxide of tin is to be added. Immediately the brucine puts on a “superb violet colour,” while the morphine does not change the yellow colour that succeeds the red by the action of heat. With regard to the brown colouring matter of the upas tieute, Messrs. P. and C. consider it identical with that which belongs to several energetic vegetables. It is found on the bark of the false angustura, and on that of the pseudo-kino, lately analysed by M. Vauquelin, &c. It is characterised by becoming of a fine emerald green colour, by the action of nitric acid. They have consequently named it strychnocromine.

They describe the action of this strychnine, (of the upas) upon the animal economy as astounding. A quarter of a grain in water, being injected into the pleura of a rabbit, in fifteen seconds the animal had one terrible attack of tetanus, in which it died.—*Lond. Med. Repository*.

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ART. I. *Remarks on the Nature and Treatment of Puerperal Convulsions.* By DR. NORMAN LYMAN.

We regret that our limits will not permit us to notice the more interesting parts of Dr. Lyman's essay. The observations respecting two important remedies in the treatment of this formidable affection cannot but be instructive to our readers.

"As a remedy in puerperal convulsions, a particular consideration is due to the Ergot. It is not to be regarded merely as a means of accelerating delivery. By exciting the uterus to a more vigorous action, it tends, directly, to counteract the predisposition to disease. The trials which have been made of it, have given it a fair claim to our confidence; but farther experience is necessary, in order to determine how far it may supersede other means. It can hardly be expected, that it will at all preclude the necessity of evacuations, but it is probable that by the use of it we may often bring the labour to a safe termination, when, without its aid, we should be obliged to use the forceps. When convulsions occur early in labour, it will probably be useful and safe to give the ergot in small doses, and repeat it frequently, so as to produce a moderate and steady effect."

The other remedy is Oil of Turpentine, which appears to have been given with great success by Dr. Woodward, of Wethersfield.

ART. II. DR. COGSWELL'S *Case of Ligature of the Carotid Artery.*

This paper contains an account of an operation performed more than twenty years since, in which the carotid artery was tied, in consequence of its being found enveloped in a carcinomatous tumour. It was, if we mistake not, the first operation of the kind which had been performed in this country; and although in the event, the case terminated fatally, it is justly considered, that "the circumstances attending it, were such, as entirely to establish the practicability and safety of dividing the carotid artery on the living subject."

ART. III. *Remarks on Dropsy of the Amnion and Fœtus.*
Reviews Intelligence, &c.

